Division of Corporations

L42582

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000029125 3)))

H10000029125 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FAXED
FEB 09 2010
By 4p 2:24

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : FLORIDA FILING & SEARCH SERVICES
Account Number : I20000000189
Phone : (850)216-0457
Fax Number : (850)216-0460

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Please keep original file date

COR AMND/RESTATE/CORRECT OR O/D RESIGN
JUPITER IMAGING ASSOCIATES, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$43.75

RECEIVED
2010 FEB 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 FEB -9 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR

Feb. 12 2010 02:41PM P1/5 FAX NO. :8502160460 FROM :FLORIDA FILING

Robarts FEB 15 2010

February 10, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JUPITER IMAGING ASSOCIATES, P.A.
1210 S. OLD DIXIE HWY.
JUPITER, FL 33458

SUBJECT: JUPITER IMAGING ASSOCIATES, P.A.
REF: L42582

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that the new name is misspelled.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000029125
Letter Number: 010A00003402

P.O BOX 6327 – Tallahassee, Florida 32314

H 1 0 0 0 0 0 2 9 1 2 5

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jupiter Imaging Associates, P.A.

DOCUMENT NUMBER: L42582

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Cohen
(Name of Contact Person)

Law Offices of Jeff Cohen, P.A.
(Firm/ Company)

909 S.E. 5th Avenue, Suite 200
(Address)

Delray Beach, FL 33483
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jeff Cohen at (561) 455-7700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☒ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H 1 0 0 0 0 0 2 9 1 2 5

H 1 0 0 0 0 0 2 9 1 2 3

FILED

10 FEB -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

JUPITER IMAGING ASSOCIATES, P.A.

(Name of corporation as currently filed with the Florida Dept. of State)

L42582

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

JUPITER IMAGING ASSOCIATES, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: December 10, 2009

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Ronald Porter MD
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ronald Porter MD
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

FILING FEE: $35