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SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MA

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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF SPACE COAST RADIOLOGY ASSOCIATES – DRS. ANDERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.A.

THE UNDERSIGNED, President of SPACE COAST RADIOLOGY ASSOCIATES – DRS. ANDERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.A., a Florida professional corporation (the "Corporation"), for and on behalf of the Corporation, hereby executes these Articles of Amendment to the Articles of Incorporation of the Corporation:

ARTICLE FIRST: The name of the Corporation is SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.A.

ARTICLE SECOND: The amendment to the Articles of Incorporation of the Corporation effected by these Articles of Amendment is that ARTICLE FIRST of the current Articles of Incorporation is amended to provide as follows:

FIRST: The name of the Corporation shall be SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MAYER, FLYNN AND SORBELLO, P.A.

ARTICLE THIRD: The amendment to the Articles of Incorporation of the Corporation reflected in ARTICLE SECOND hereof was duly adopted by the Shareholders and the Board of Directors of the Corporation by unanimous written consent, executed on 10 y 2006, in accordance with Sections 607.0704 and 607.0821 of the Florida General Corporation Act.

ARTICLE FOURTH: The effective date of these Articles of Amendment shall be upon filing thereof with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned, Robert L., Anderson, Jr., M.D., President of the Corporation, has hereunto set his hand this 10 day of 1000.

Robert L. Anderson, Jr., M.D., Preside

ZOOK JUL 24 PM 3: 12
SECRETARY OF STATE
TALLAHASSEE STATE

STATE OF FLORIDA			
COUNTY OF	Brevard		

The foregoing instrument was acknowledged before me this 20 day of 1010, 2006, by Robert L. Anderson, Jr., M.D., as President of SPACE COAST RADIOLOGY ASSOCIATES—DRS. ANDERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.A., a Florida professional corporation, on behalf of the Corporation.



AFFIX NOTARY STAMP

Rachel S. Jerry
Signature of Notary Public
Rachel S. Terry
(Print Notary Name)
My Commission
Expires:
Commission No.:
~ Personally known, or ~ Produced Identification Type of Identification Produced: