P.O. Box Destin City/State	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER(S), (if known):
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Other	Merger
OTHER FILINGS	REGISTRATION/
Annual Report	Foreign B SSE 20
Fictitious Name	Foreign SST O F
Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trule of Partnership
	Trademark
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 31, 2002

CARDIOVASCULAR IMAGING CENTER P.O. BOX 1544 DESTIN, FL 32540

SUBJECT: CARDIOVASCULAR IMAGING AND RESPIRATORY MOBILE L.L.C.

Ref. Number: L0000004412

We have received your document for CARDIOVASCULAR IMAGING AND RESPIRATORY MOBILE L.L.C. and check(s) totaling \$225.00. However, your check(s) and document are being returned for the following:

You must complete the attached reinstatement form for this LLC. Please return the reinstatement form along with the amendment to change the name and the check for \$225.00 for processing.

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) 245-6967.

Letter Number: 602A00006052

Michelle Hodges Document Specialist

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cardiovascular Imaging and Respiratory Mobile, L.L.C. (Present Name) (A Florida Limited Liability Company)									
FIRST: SECOND:	The date of filing		-			on limited	·		
	The following amendment(s) to the articles of organization was/were adopted by the limited liability company: 1.) Change name of company to: The limited liability company to: Cardiovascular Imaging Center, L.L.C.								
Dated_Ja	nuary 15		2002		2.46.	02 FEB 20 PECRETARY TALLAHASSEE			

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Kathryn A. Smith