L02000019757

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SECRETARY OF STATE ALLAHASSEF ET ORINA

T. HAMPTON

SEP - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT:Floa	rida Radiology I	maging at Lake Mary,	L.L.C.				
		ted Liability Company)					
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	T. L. Trimble						
		(Name of Person)					
	Adventist Heal	th System					
		(Firm/Company)					
	111 North Orla	ndo Avenue					
		(Address)					
	Winter Park, F	lorida 32789					
		(City/State and Zip Code)					
For further information cor	ncerning this matter, please ca	II:					
T. L. Trimble at (407) 975-1413							
(Name of	Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	following amount:						
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 SEP -4 AM II: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Radiology Imaging at Lake Mary, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on _	8/2/02	and assigned
Florida document number <u>L02000019757</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company l	<u>iere</u> :	
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Con	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	875 Cor	ncourse Parkw	ay
(Principal office address MUST BE A STREET ADDRESS)	Suite #150		
	Maitlar	nd, Florida 3	2751
Enter new mailing address, if applicable:	875 Cor	ncourse Parkw	ay
(Mailing address MAY BE A POST OFFICE BOX)	Suite #150		
	Maitlar	nd, Florida 3	2751
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address or	n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
•	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	North American Health Services, Inc.	111 North Orlando Avenue Winter Park, FL 32789	Add Remove
MGRM	F. R. Associates, Inc.	631 Palm Springs Drive Suite 116 Altamonte Springs, FL 3270	Add Remove
MGRM	Adventist Health System Sunbelt, Inc. d/b/a Florida Hospital		Add Remove
	 		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			FILE 08 SEP -4 SECRETARY O
Dated <u>Se</u> j	otember 3, 2008 Auel No Pa	 Z	AN II: 25 OF STATE E. FHORIDA
	Signature of a member of	r authorized representative of a member	
		rada, Assistant Sec.	

Page 2 of 2

Filing Fee: \$25.00