

L040000043621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

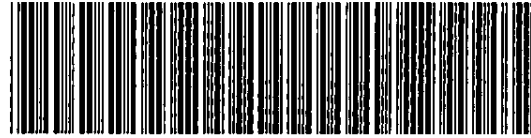
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
OCT 18 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXCESS DIAGNOSTICS POINTE WEST, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMIE CLARK
Name of Person
ACCOUNTING ASSOCIATES
Firm/Company
611 26TH ST WEST
Address
BRADENTON, FL 34205
City/State and Zip Code
ASSOCIATEJAMIE@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Clark at (941) 748-4556
Name of Person Area Code & Daytime Telephone 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

October 1, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

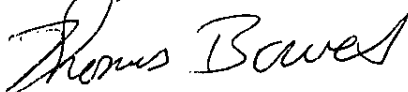
Dear Sir or Madam:

Please find attached two forms to the Division of Corporations. The first form is to amend the name of the LLC document #L04000043621 from Axxess Diagnostics Pointe West LLC to Bowes Imaging Center LLC. The second form is to dissolve LLC document #L06000085215 which is currently set up as Bowes Imaging Center LLC.

Document #L06000085215 was set up in error. The assets of Axxess Diagnostics Pointe West LLC were purchased by Bowes Imaging Center LLC and should have been a name change only to document #L04000043621.

Please call my accountant, Jamie Clark at (941)748-4556 if you have any questions or concerns.

Sincerely,



Thomas Bowes
Bowes Imaging Center LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2011 OCT 11 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AXCESS DIAGNOSTICS POINTE WEST, LLC
(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 were filed on 06/09/2004 and assigned Florida document number L04000043621.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOWES IMAGING CENTER, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____

Thomas D. Bowes

Signature of a member or authorized representative of a member

Thomas D. Bowes
Typed or printed name of signee