# L05000027917

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER JAN 18 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RCOA Adventist Health 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:
Allen D. McGee  Name of Person  Radiology Corporation of America  Firm/Company
16110 Jog Road Suite 200 ALLANDE AND ADDRESS DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICI
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Turmo at (561) 477-3500  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  See attached (additional copy is enclosed)  See attached former payment.  \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS. STREET/COURIED ADDRESS.

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 ARTICLES OF ORGANIZATION

RCOA

The Articles of Organization for this Limited Liability Company were filed on March 21,2005 and assigned Florida document number LO 50000 27917

A. If amending name, enter the new name of the lin			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	2012 JAN SECRET	
Enter new mailing address, if applicable:		ARY OF SSEE,	
(Mailing address MAY BE A POST OFFICE BOX)		FLORIOE S	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec dress 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 Title Name Address **Type of Action** ∐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 01-10-12 Signature of a member or authorized representative of a member Allen D. McGee
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00





16110 JOG ROAD SUITE 200 DELRAY BEACH, FL 33446 T 561.477.9500 F 561.477.0999

January 13, 2012

### **VIA FACSIMILE**

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Tyrone Scott

Dear Mr. Scott:

Per conversation today with Melissa Turmo regarding the matter of the Articles of Amendment to the Articles of Organization of RCOA Adventist Health LLC amending the name of the organization to RCOA Imaging Services LLC, I certify that RCOA Adventist Health LLC (Document #L05000027917) and RCOA Imaging Services, Inc. (Document #P99000106383) are owned by the same party.

Would you please change the name of RCOA Adventist Health LLC to RCOA Imaging Services LLC.

If you should have any further questions, please contact me at 561-477-3500. Thank you.

Sincerely,

Allen D. McGee

Chairman and CEO

Rue DM

Radiology Corporation of America

SECRETARY OF STATE