

LD60000006404

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

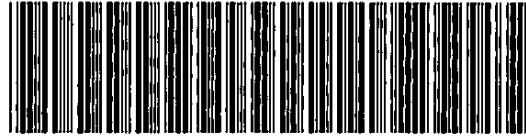
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL & RADIOLOGY SERVICES, 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:

Rafael Ramirez

(Name of Person)

MEDICAL & RADIOLOGY SERVICES, LLC.

(Firm/Company)

7249 NW 64TH ST

(Address)

MIAMI, FLORIDA 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL RAMIREZ

(Name of Person)

at (305) 805-9550

(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDICAL & RADIOLOGY SERVICES, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 01/18/2006 and assigned document number L06000006404.

SECOND: This amendment is submitted to amend the following:

I) Remove Manager/Member Detail: Hollywood Health Ventures, Inc.

Resignation of Member, Managing Member or Manager has been filed.

II) Remove Manager/Member Detail: Crosslink, Inc.

Resignation of Member, Managing Member or Manager has been filed.

III) Principal and Mailing Address should be same as business location:

7249 NW 54TH STREET, MIAMI, FLORIDA 33166

Dated August 21, 2006.



Signature of a member or authorized representative of a member

RAFAEL A. RAMIREZ

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00