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(City/State/Zip/Phone #)

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(Business Entity Name)

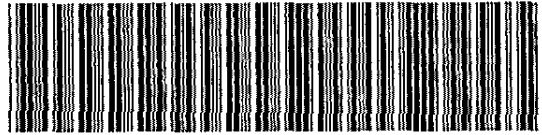
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physicians Diagnostic 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:

Kyle J. Kinnon  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

599 Apple Tree Lane  
(Address)

Goco Raton, FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Kinnon at (561) 793-6170  
(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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Physicians' Diagnostic Services, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/20/06 and assigned  
document number LO6000112491.

SECOND: This amendment is submitted to amend the following:

Please change the name to:  
South Florida Foot and Ankle Center  
Roca/Delray, LLC.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated 2/9/07

Kyle J. Kinman  
Signature of a member or authorized representative of a member

Kyle J. Kinman  
Typed or printed name of signee