

LO7000113134

(Requestor's Name)

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(City/State/Zip/Phone #)

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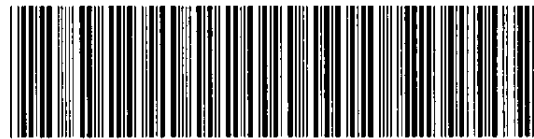
(Business Entity Name)

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DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

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10 JAN -5 PM 4:04  
SECRETARY OF STATE  
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B. KOHR

JAN - 5 2010

EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 01-05-10

**NAME:**

*Cura Radiology LLC*  
CURA LLC

FILED  
SECRETARY OF STATE  
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10 JAN -5 PM 4:04

**TYPE OF FILING:** AMENDMENT

**COST:**

*\$25*

**RETURN:**

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*[Signature]*

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

Cura Radiology, 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 November 7, 2007 and assigned  
Florida document number L07000113134.

This amendment is submitted to amend the following:

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

Cura, 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)

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10 JAN 15 PM 4:04

**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:

NRAL Services, Inc.

New Registered Office Address:

2731 Executive Park Drive, Suite 4

(Enter Florida street address)

Weston

(City)

Florida 33331

(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.*

/s/ WILLIAM L. DE NAPOLI

(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>
MGR	Kristophor E. Berg	28031 US Highway 27 Dundee, FL 33838	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Medicus Healthcare Solutions, LLC	7 Industrial Way, #5 Salem, NH 03079	<input checked="" type="checkbox"/> Add <input checked="" 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.)*

Dated January 5, 2010

*Joseph Matarese*

Signature of a member or authorized representative of a member

Joseph Matarese

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00