

W8000004201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

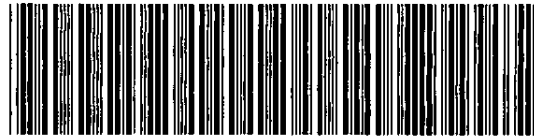
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600136563546

10/03/08--01046--006 **60.00

2008 OCT -3 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

OCT - 6 2008

EXAMINER

1800 N. W. Corporate Blvd.
Suite 200
Boca Raton, Florida 33431



Local: (561) 999-5999
Brwd.: (954) 570-9000
FAX: 561-893-0999

KAHAN ◊ SHIR, P.L.
ATTORNEYS AT LAW

October 2, 2008

BRIAN A. KAHAN, ESQ.
bkahan@kahanshir.com

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Bedside Imaging, LLC

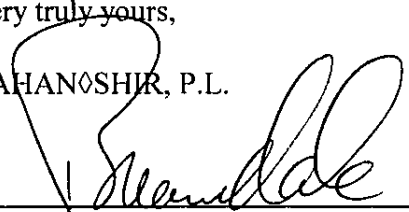
Dear Sir/Madam:

Enclosed please find executed Articles of Amendment to Articles of Organization along with our check no. 4318 in the amount of Sixty (\$60.00) Dollars for filing fee, Certificate of Status and Certified Copy.

You may contact the undersigned at the address and telephone number listed above.

Very truly yours,

KAHANSHIR, P.L.



Brian A. Kahan, Esq.
For the Firm

2008 OCT -3 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

BAK/ps
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: RAYMACK COMPUTERIZED X-RAY & ULTRASOUND 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:

Brian A. Kahan, Esq.
(Name of Person)

Kahan Shir, P.L.
(Firm/Company)

1800 NW Corporate Blvd., Suite 200
(Address)

Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian A. Kahan at (561) 999-5999 Ext. 313
(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

FILED
 2008 OCT -3 AM 10:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

RAYMACK COMPUTERIZED X-RAY & ULTRASOUND SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2008 OCT 13 AM 10:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/14/2008 and assigned
Florida document number L08000004201.

This amendment is submitted to amend the following:

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

FLORIDA BEDSIDE IMAGING, 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:

SAME AS PREVIOUSLY FILED

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME AS PREVIOUSLY FILED

(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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2008 OCT 3 AM 10:47

FILED

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

Dated _____

Bruce Koplowitz Managing Member

 Signature of a member or authorized representative of a member

BRUCE KOPLowitz, MANAGING MEMBER

Typed or printed name of signee