

L12000131595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

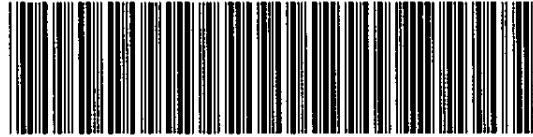
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12 NOV 15 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULTRASOUND DIAGNOSTIC IMAGING 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:

Cathleen Ciuba  
Name of Person  
MEDICAL MANAGEMENT ASSOCIATES LLC  
Firm/Company  
13611 S. DIXIE HWY SUITE 545  
Address  
MIAMI, FL 33176  
City/State and Zip Code  
BPMIMAGING@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathleen Ciuba at (305) 517-3117  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED

12 NOV 15 PM 1:45

ULTRASOUND Diagnostic Imaging 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 10/16/12 and assigned  
Florida document number 100240855151 L12000131595

This amendment is submitted to amend the following:

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

BPM 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:

(Principal office address MUST BE A STREET ADDRESS)

13611 SOUTH DIXIE HWY  
SUITE 545  
MIAMI, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13611 SOUTH DIXIE HWY  
SUITE 545  
MIAMI, FL 33176

**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
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		_____	<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.)

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Dated 11/12, 2012

*P. C. M.*

Signature of a member or authorized representative of a member

*Cathleen Ciuga*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

THE CORRECT MATCHING  
ADDRESS FOR BOTH  
MEDICAL MANAGEMENT ASSOCIATES  
&  
BPM IMAGING LLC  
IS:  
13611 S. DIXIE HWY  
SUITE 545  
ALPHARETTA, AL 33176