

9/24/25 11:24 AM

Division of Corporations

L19000140708
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (323)372-3532

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED DIAGNOSTIC GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

SEP 25 2025

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

(((H25000342753 3)))

ADVANCED DIAGNOSTIC GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 06/03/2019 and assigned
Florida document number L19000140708.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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 605, 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

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DocuSign Envelope ID: 58CA6F7E-186E-4271-A13B-7B7CBBE9C8D3

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H25000342753 3)))

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Ash Goulatia	8300 West Sunrise Boulevard	<input type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Greg Gambill	8300 West Sunrise Boulevard	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Tucker Martin	8300 West Sunrise Boulevard	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AKUMIN OPERATING CORP	8300 West Sunrise Boulevard	<input type="checkbox"/> Add
		Plantation, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO, P	Howe, Henry	8300 West Sunrise Boulevard	<input type="checkbox"/> Add
		Plantation, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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FALLMOUNTAIN STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 19, 2025

Signed by: Greg Gambill
72692BC3CE1C483 Signature of a member or authorized representative of a member

Greg Gambill
Typed or printed name of signed

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