

L98000001363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

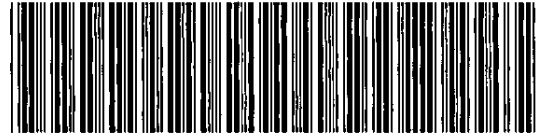
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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BK

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07/27/07--01029--002 \*\*25.00

RECEIVED  
07 JUL 27 AM 11:29  
STATE  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 JUL 27 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87<sup>TH</sup> AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

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TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ADVANCE MEDICAL IMAGING, L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ADVANCE MEDICAL IMAGING, LLC.**

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**FIRST:** The Articles of Organization were filed and assigned document number  
*L98000001363*

**SECOND:** The following amendment(s) to the articles of Organization was/were  
adopted by the limited liability company:

**ARTICLE I**

The name of the liability company was changed to: **"WEST BROWARD X-RAY  
CENTER, LLC."**

**ARTICLE V - Management**

It is resolved that the LLC is to be managed by the members and the names and addresses  
of managing members are:

MGRM      IRIS D MARIN  
7050 NW 4<sup>TH</sup> STREET # 202  
PLANTATION, FL 33317

Dated: July 25, 2007

\_\_\_\_\_  
Signature of a member or authorized representative of a member

*Iris D Marin*  
\_\_\_\_\_  
Iris D Marin

\_\_\_\_\_  
Typed or printed name of signee