

M070000067388

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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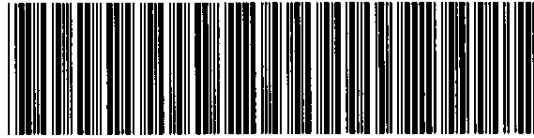
(Business Entity Name)

(Document Number)

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08 MAR 20 AM 8:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 MAR 20 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 20 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 492054 4369500

AUTHORIZATION

COST LIMIT : \$125.00

ORDER DATE : March 19, 2008

ORDER TIME : 3:59 PM

ORDER NO. : 492054-015

CUSTOMER NO: 4369500

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: HEALTH DIAGNOSTICS MANAGEMENT,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: HEALTH DIAGNOSTICS MANAGEMENT, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: DECEMBER 19, 2007

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? MARCH 19 2008
5. New name of the limited liability company: HEALTH DIAGNOSTICS HOLDINGS OF
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")
FLORIDA, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

TIMOTHY DAMADIAN
Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HEALTH DIAGNOSTICS MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEALTH DIAGNOSTICS HOLDINGS OF FLORIDA, LLC", THE NINETEENTH DAY OF MARCH, A.D. 2008, AT 11:36 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4473057 8320

AUTHENTICATION: 6461405

080333772

DATE: 03-19-08