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COVER LETTER

TO: Amendment Section
Division of Corporations

| Division . | or Corporations | | |
|----------------|--|--|--|
| NAME OF C | CORPORATION: KAMBIZ HASSA | NZADEH RADIOLOGY | ASSOCIATES, M.D., P.A. |
| DOCUMEN' | _{Г NUMBER:} P0200010953 | 4 | |
| The enclosed | Articles of Amendment and fee are su | bmitted for filing. | |
| Please return | all correspondence concerning this mat | tter to the following: | |
| | KAMBIZ HASSAI | NZADEH | |
| | | Name of Contact Person | 1 |
| | KAMBIZ HASSANZAI | DEH RADIOLOGY A | SSOCIATES, M.D., P.A. |
| | | Firm/ Company | |
| | 1701 NW 112th A | AVENUE SUITE | 103 |
| | | Address | |
| | MIAMI, FL 33101 | | |
| | | City/ State and Zip Cod | e |
| | BASILIO@BASFERA | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further in | formation concerning this matter, pleas | se call: | |
| KAMBIZ | Z HASSANZADEH | at (305 | 610-6823 |
| ! | Name of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a | check for the following amount made p | payable to the Florida Depa | artment of State: |
| □ \$35 Filin | g Fee \$\bigsiz\$ | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| į | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle Sissee, FL 32301 |

Articles of Amendment to Articles of Incorporation

KAMBIZ HASSANZADEH RADIOLOGY ASSOCIATES, M.D., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State) P02000109534 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: KAMBIZ HASSANZADEH, M.D., P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

'If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------|-------------|--------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | | _ | 1701 NW 112th AVENUE SUITE 103 |
| Add | | | |
| Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
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| | onal sheets, if necessa | ry). (Be specifi | ic) | | |
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| amend | nent provides for an or implementing the | exchange, recla | ssification, or c | ancellation of iss | sued shares, |
| (if not a | oplicable, indicate N/. | A) | ot contained in | the amenument | usen. |
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| The date of each amendment(s) adoption: 08/20/2013 | , if other than the |
|--|---------------------|
| date this document was signed. | , If Other man the |
| Effective date if applicable: 09/01/2013 | |
| (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/vere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 08/20/2013 | |
| Signature Royal (By a director, president or other officer—if directors or officers have not been | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| KAMBIZ HASSANZADEH | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |

(Title of person signing)