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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Osceola Radiolo	ogy Associates, PA				
DOCUMENT NUMBER: P03000023892					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Rebecca Hoglund					
	Name of Contact Person				
RAYUS Radiology (fka CD	RAYUS Radiology (fka CDI)				
	Firm/ Company				
5775 Wayzata Blvd., Suite	·				
	Address				
St. Louis Park, MN 55419					
	City/ State and Zip Code				
rebecca.hoglund@RAYUSr	radiology				
	used for future annual report notification)				
For further information concerning this matter, ple					
Name of Contact Person	at () 738-4484 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made					
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status 5 previously wbmitted; 10 enclosed	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Osceola Radiology Associates, P.A.

Osceola Radiology Associates, F.A.			
(<u>Name o</u>	of Corporation as currentl	y filed with the Florida Dept. of State)	
P03000023892			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Corchartered," "professional association,"	Corp," "Inc," or "Co". 2	company," or "incorporated" or the abbreviation of the abbreviation of the contains of the con	on "Corp.," in the word
D. Enter new principal office address	if applicable:	N/A	
B. Enter new principal office address, (Principal office address MUST BE A S			
			
		·	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
		·····	<u></u>
D. If amending the registered agent an	ıd/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Corporation Service Comp	pany	_
	1201 Hays Street		
	(Florida st	reet address)	_
New Registered Office Address:	Tallahassee	, Florida 32301	
wen negmered Office Address.			Code)
New Registered Agent's Signature, if c	<u>hanging Registered Agent</u> tered avent. I am familiar	t: with and accept the obligations of the position.	
Thereby accept the appointment as region		,	
	I harlengat:		
	Signature of New I	Registered Agent, if changing	_

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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>	<u>Name</u>	<u>Addres</u> s	
1) Change	CEO	Kimberly Tzoumakas	5775 Wayzata Blvd., Suite 400	
$\frac{X}{X}$ Add		-	St. Louis Park, MN 55416	
Remove				
2) Change	CFO	Ryan Raschke	5775 Wayzata Blvd., Suite 400	
X Add			St. Louis Park, MN 55416	
Remove 3) Change	S	Amy Garrigues	5775 Wayzata Blvd., Suite 400	
X Add			St. Louis Park, MN 55416	
Remove				
4) Change	ΛS	Per Normark	5775 Wayzata Blvd., Suite 400	
Add			St. Louis Park, MN 55416	
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	7/1/	/2021		
The date of each amendment date this document was signed.				_, if other than the
_	7/1/2021			
Effective date <u>if applicable</u> :	(ne	o more than 90 days after	amendment file date)	
Note: If the date inserted in t document's effective date on the			ory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHEC	EK ONE)		
The amendment(s) was/wer action was not required.	e adopted by the inco	orporators, or board of dire	ectors without shareholder action and :	shareholder
☐ The amendment(s) was/wer by the shareholders was/we			votes cast for the amendment(s)	
☐ The amendment(s) was/wer must be separately provide			groups. The following statement tely on the amendment(s):	
"The number of votes	cast for the amendm	nent(s) was/were sufficient	for approval	
by			, , , , , , , , , , , , , , , , , , ,	
	(voting	group)		
9/3/2	2021			
Dated				
Signature	1an	Tarmal-		
(B		orator – if in the hands of a	ctors or officers have not been receiver, trustee, or other court	-
	Per Normark			
	(Туг	ped or printed name of per	son signing)	
	Assistant Secre	etary		
	(Titl	le of person signing)	· · · · · · · · · · · · · · · · · · ·	