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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOLLYWOOD	DIAGNOSTICS CENTER.	INC
DOCUMENT NUMBER:PO	30000403	354
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
ANGEL SOTO	Name of Contact Person	
HOLLYWOOD DIAGNOSTIC	S CENTER, INC Firm/ Company	
4224 HOLLYWOOD BLVD		
	Address	
HOLLYWOOD, FL 33021		
	City/ State and Zip Code	
E mail address (to be	used for future annual report	notification
E-man address. (to be	used for fature affidial report	nottication)
For further information concerning this matter, pl	ease call:	
ANGEL SOTO	at (954) 966-3600 #315
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Dep	artment of State:
□ \$35 Filing Fee & Certificate of Status	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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOLLYWOOD DIAGNOSTICS CENTER, INC.	·	
(Name of Corporation as currently filed with the	Florida Dept. of State)	
(Document Number of Corporation	(if known)	11 DEC 20
Pursuant to the provisions of section 607,1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Profit Corparati	on adopts the for
A. If amending name, enter the new name of the corporation:		oct. FLO
The new name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corpame must contain the word "chartered," "professional association	o," "Inc," or "Co". A profess	ional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4224 HOLLYWOOD BLY	/D
	HOLLYWOOD, FL 33021	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ss:	ne of the
Name of New Registered Agent: JACQUELINE PALERN		-11- 114
· JSJS ENBA (Florida s.	SSY DRIVE'S.	. 77
New Registered Office Address: COOPER CITY (City	Florida_	33026 (Zip Code)
ξζ 11)	·/	(Lip Colle)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment of registered agent. I am familian Signature of New Registered	with and accept the obligation:	s of the position.

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	Name	Ad	dress
1) PRES	ANGEL SOTO	422	HOLLYWOOD DIAGNOSTICS CENTI 4 HOLLYWOOD BLVD LLYWOOD, FL 33021
2) <u>SEC</u>	BARBARA MARKS	422	HOLLYWOOD DIAGNOSITCS CENT 24 HOLLYWOOD, BLVD DLLYWOOD, FL 33021
3) <u>TRE</u>	JACQUELINE PALERM	10 <u>20</u>	535 EMBASSY DR S #14 OPER CITY, FL 33026
4)			
5)			
6)			
<u>If REMOVING</u>	an officer and/or director, please	list the title(s) and na	me of the officer/director to be removed:
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1) <u>VP</u>	MARC WEINBERG	4)	
2)	•	5)	

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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F. If an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicable	
The date of each amend	ment(s) adoption: (2-16-11
Effective date <u>if applica</u>	ble:
	(no more than 90 days after amendment file date)
Adoption of Amendmer	nt(s) (<u>CHECK ONE</u>)
The amount (a)	as/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders w	vas/were sufficient for approval.
of the shareheights to	ao no o santo o marganta de la companya de la compa
	as/were approved by the shareholders through voting groups. The following statement
must be separately pr	rovided 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) wa action was not require	as/were adopted by the board of directors without shareholder action and shareholder
action was not require	u.
The amendment(s) wa action was not require	as/were adopted by the incorporators without shareholder action and shareholder
auton vias not require	
Dated_	12-16-11
_	12-16-11
Signatu	
_	(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)
	A C . C . I
	than Soto
	(Typed of printed name of person signing)
	Porcilat
	1 1 E SICH COM
	(Title of person signing)

SCHEDULE 4.3(b)

Officers

ANGEL SOTO
BARBARA MARKS
JACKIE PALERMO