P03000040354

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(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HOLLYWOOD D	IAGNOSTICS CENTER II	NC
DOCUMENT NUMI	P03000040354		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ANGEL SOTO		
		Name of Contact Persor	1
	HOLLYWOOD DIAGNOSTICS CENTER		
		Firm/ Company	
	4224 HOLLYWOOD BLVD)	
	Address		
	HOLLYWOOD, FL 33021		
		City/ State and Zip Code	e
	BARBARA@HDC1984.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ANGEL SOTO		at (966-3600
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Articles of Incorporation

of

		·1	\rightarrow
(Name of Corporation as currently	filed with the Florida Dept. of State)	1000 至	
		<u> </u>	<u> </u>
(Document Number of	Corporation (if known)		5
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the foll	lowing amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
		The nev	ı.
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp., contain the wor	 d
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 <u>MAY BE A POST OFFICE BOX</u>)	 		
		_	
D. If amending the registered agent and/or registered office addre	oss in Florida, enter the name of the		
new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent			
(Florida stree	et address)		
New Registered Office Address:	, Florida		
New Registered Office Madress.	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wa	ith and accept the obligations of the posi	ition.	
Signature of New Reg	gistered 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)

Example:

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.

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	STACY LAROCCA SOTO	4224 HOLLYWOOD BLVD	
X Add			HOLLYWOOD, FL 33021	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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	_			- ·		
<u>f an amendment pro</u>	vides for an excl	nange, reclassifi	cation, or cance	llation of issued	d shares,	
	menting the ame	endment if not c	ontained in the	amendment its	<u>elf:</u>	
til not applicable	. marcue many					
provisions for imple (if not applicable						
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The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval (voting group) (voting group)
Dated	3-30-2027
seloci	prector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ANGEL SOTO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the