

P04 000 169879

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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08/04/08--01016--025 **25.00

08/22/08--01011--001 **10.00

FILED

08 OCT 20 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
CU 10/24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRINITY DIAGNOSTIC IMAGING, INC

DOCUMENT NUMBER: P04000169879

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDONEL, MARC EUGENE

(Name of Contact Person)

TRINITY DIAGNOSTIC IMAGING, INC

(Firm/ Company)

4000 N STATE ROAD 7 SUITE 404

(Address)

LAUDERDALE LAKES FL 33319

(City/ State and Zip Code)

For further information concerning this matter, please call:

ABDONEL, MARC EUGENE

(Name of Contact Person)

at (561) 601-3293

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2008

MARC EUGENE ABSONEL
2135 BELL CREST CT
ROYAL PALM, FL 33411

SUBJECT: TRINITY DIAGNOSTIC IMAGING, INC.
Ref. Number: P04000169879

We have received your document for TRINITY DIAGNOSTIC IMAGING, INC. and your check(s) totaling \$10.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

Please list the street address of each officer/director.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 508A00047691



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2008

MARC EUGENE ABDONEL
TRINITY DIAGNOSTIC IMAGING, INC.
4000 N. STATE RD. 7, SUITE 404
LAUDERDALE LAKES, FL 33319

SUBJECT: TRINITY DIAGNOSTIC IMAGING, INC.
Ref. Number: P04000169879

We have received your document for TRINITY DIAGNOSTIC IMAGING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

PER OUR PHONE CONVERSATION ON 8/14/08, SEND THE CORRECTED DOCUMENT ALONG WITH THE CHECK TO MY ATTENTION.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 208A00046076

RECEIVED
2008 SEP -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

TRINITY DIAGNOSTIC IMAGING, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P04000169879

(Document number of corporation (if known))

08 OCT 20 PM 12:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Added

Title: Secretary

Name: (Hilda Simelus Eugene) *Hilda Simelus Eugene*

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 08/14/5008

Effective date if applicable: 7/31/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

Signature _____

(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)

ABDONEL, MARC EUGENE

(Typed or printed name of person signing)

P

(Title of person signing)

FILING FEE: \$35