

P08000073579

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09 OCT 27 AM 10:38
SECRETARY OF STATE
ALABAMA SECF. FL 09194

Amend.
11/03/08
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vein Imaging Specialists, Inc

DOCUMENT NUMBER: P08000073579

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

Please return all correspondence concerning this matter to the following:

Patricia Shandloff

(Name of Contact Person)

Vein Imaging Specialist, Inc

(Firm/ Company)

9497 Old Pine Rd.

(Address)

Boca Raton, Fl. 33428.

(City/ State and Zip Code)

For further information concerning this matter, please call:

Patricia Shandloff

(Name of Contact Person)

at (561) 350-1137

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2008

PATRICIA SHANDLOFF
9497 OLD PINE ROAD
BOCA RATON, FL 33428

SUBJECT: VEIN IMAGING SPECIALISTS, INC.
Ref. Number: P08000073579

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PROVIDE TITLES FOR NEW OFFICERS BEING ADDED, SUCH AS, PRES., SEC., TREA. OR VP, ETC.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 908A00053880

RECEIVED
TALLAHASSEE, FLORIDA
2008 OCT 27 AM 8:00

Articles of Amendment
to
Articles of Incorporation
of

Vein Imaging Specialists, Inc.

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

P08000073579

(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:

The new 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 office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street 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

08 OCT 27 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mrs.</u>	<u>Patricia Shandloff</u> <u>President</u>	<u>9497 Old Pine Rd</u> <u>Boca Raton, Fl.</u> <u>33428</u>	☒ Add ☐ Remove
<u>Mr.</u>	<u>Ned Shandloff</u> <u>Vice. President</u>	<u>9497 Old Pine Rd</u> <u>Boca Raton, Fl.</u> <u>33428</u>	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	_____
_____	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

FEIN - 26-3127721

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)

The date of each amendment(s) adoption: 8/5/08

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were 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 10/2/08

Signature Patricia T. Shandloff
(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)

Patricia T. Shandloff
(Typed or printed name of person signing)

President
(Title of person signing)