

PH11000010980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

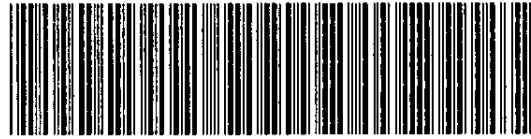
(Business Entity Name)

(Document Number)

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2011 FEB 10 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correction

TB 2-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIAGNOSTIC CENTER OF AMERICA INC

Name of Corporation

DOCUMENT NUMBER: P11000010980

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OVIDIO REYES

Name of Contact Person

DIAGNOSTIC CENTER OF AMERICA INC

Firm/Company

4047 SW 96 ST

Address

MIAMI, FL 33165

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OVIDIO REYES

Name of Contact Person

at (786) 759-4631

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

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

ARTICLES OF CORRECTION

for

DIAGNOSTIC CENTER OF AMERICA INC

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

P11000010980

Document Number (if known)

2011 FEB 10 PM 12:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct P11000010980 - Articles of Incorporation
(Document Type Being Corrected)

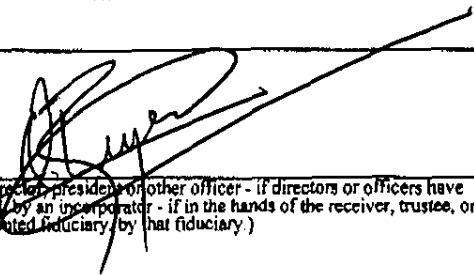
filed with the Department of State on FEBRUARY 01, 2011
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- ARTICLE II - ADDRESS
- ARTICLE V - ADDRESS
- ARTICLE VI - ADDRESS
- ARTICLE VII - ADDRESS

Correct the inaccuracy, incorrect statement, or defect:

- ARTICLE II - 4047 SW 96 AVE MIAMI, FL 33165
- ARTICLE V - 4047 SW 96 AVE MIAMI, FL 33165
- ARTICLE VI - 4047 SW 96 AVE MIAMI, FL 33165
- ARTICLE VII - 4047 SW 96 AVE MIAMI, FL 33165


(Signature of a director, president or other officer - if directors or officers have not been selected by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary by that fiduciary.)

OVIDIO REYES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00