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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Q Imaging, Inc.		
DOCUMENT NUMBI	D1100010100		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Margarita Quevedo	
_		Name of Contact Person	
		Q Imaging, Inc.	
<del>-</del>	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
		8210 NW 27th Street Suite	205
<del>-</del>		Address	<del>-</del>
		Doral, FL 33122	
-		City/ State and Zip Code	
		maggieq@uhccenters.com	m
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Salvador Castaner		at ( 786	248-5767
Name of	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment



•	Articles of Incorporation 76 NUV - 1 PM 12: 13
	Q Imaging, Inc SECT: MENOR AND ADDRESS.
ime of Corpora	ation as currently filed with the Florida Dept. of State)
	P11000104297
(Doc	cument Number of Corporation (if known)
Pursuant to its Articles o. ins of section 607.1006, Flor oration:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending,	e corporation:
University Health Care Coral Gables, Inc.	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applical	ble: 4908 SW 8th Street
(Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) 8210 NW 27th Street
	Suite 205
	Doral, FL 33122
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	·······
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:
I hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	ignature of New Registered Agent, if changing

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)

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	ecember 1, 2016	
meetive date ii applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
hv	(voting group)	
<u> </u>	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholde adopted by the incorporators without shareholder action and shareholder	r
action was not required.	, /	
Dated	0/27/16	
Signature	a director, president or other officer – if directors or officers have not been	. <u></u>
	cted, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
	pinted fiduciary by that fiduciary)	
	Magarita Quevedo	
	(Typed or printed name of person signing)	·····
	President	
	(Title of person signing)	