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MAY 1 4 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations			
. NAME OF CORPORATION:	AV MEDICA	AL IMAGING CO) RP
DOCUMENT NUMBER: P1			
The enclosed Articles of Amend	<i>lment</i> and fee are sul	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
Leon	or LLange G		
		Name of Contact Person	
ACC	ΓΑΧ-Accoun	ting & Tax Servi	ces
		Firm/ Company	
9543	NW 42nd S	t	
		Address	· · · · · · · · · · · · · · · · · · ·
Sunri	se FI 33351		
		City/ State and Zip Code)
-A			
ataxser@	yahoo.com	1.6.6	
E-mi	an address: (to be us	ed for future annual report	notification)
For further information concerns	ing this matter, pleas	e call:	
Leonor LLange		at (754	245-2119 de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Florida Depa	rtment of State:
	3.75 Filing Fee & ertificate 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 Adde Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

AV MEDICAL IMAGING CORP

FILED 12 HAY -7 PH 21 16

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

		TALL	ABIMAY OF STATE
(Document Numbe	r of Corporation (if known)	1	AHASSEE FLORIDA
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts	the following amendme
A. If amending name, enter the new name of th	e corporation:		
AV Medical Imaging Service	ces Corp		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword" chartered," "professional association," or	orp," "Inc," or "Co". A pro		d" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOV)		
(Maining address MAT BE A POST OFFICE	<u>BUA</u>)		
			
D. If amending the registered agent and/or reginew registered agent and/or the new register		ida, enter the name of	<u>the</u>
Name of New Registered Agent			
Name of New Registered Agent			
	(Florida street address)		
V D	,	5 1	
New Registered Office Address:	(City)	, Florida	Zip Code)
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registered ager	н і ат _. јатшаг жин ана асс	epi ine obligations of tr	не рохиют.
	CN - Design - Lagrange - 10 L	*	
Nignature o	f New Registered Agent if cha	nomo	

The date of each amendment	(s) adoption: <u>05/03/2012</u>
Effective date if applicable:	05/03/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 05/	03/2012
Signature	03/2012 Leads Verne Be a director, president or other officer – if directors or officers have not been
Se	elected, by an incorporator – it in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
αj	ppointed fiduciary by that fiduciary,
	Aicardo Vasquez
	(Typed or printed name of person signing)
	President
	(Title of person signing)