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| (Requ | uestor's Name) | | | |
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COVER LETTER

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| Division of Corporations |
|--|
| NAME OF CORPORATION: RADIOLOGY OF FLORIDA TAC DOCUMENT NUMBER: P13000051008 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pedro M Hernandez Name of Contact Person |
| Radiology of Florida Fro |
| 16441010gy 91 FW144 416 |
| Name of Contact Person Radiology of Florida Fra Firm/ Company B313 W HILL borough Ave + 336 |
| Tampa Raddress City State and Zip Code |
| City State and Zip Code |
| NIA |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Pedro M Hernandez at 813 , 477 7295 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |

Mailing Address

TO: Amendment Section

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 Amendment to Articles of Incorporation

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

P 13000051609

(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:

| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the | ," "Inc," or "Co". A profession | r "incorporated" or the a nal corporation name must (| bbreviation contain the |
|--|---|--|----------------------------|
| B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u> | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | | 235 HA |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent | | er the name of the | ARCOF STATE |
| Name of New Registered Agent | (Florida street address) | | · चेत- |
| New Registered Office Address: | (Ciņ) | , Florida | Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | istered Agent: I am familiar with and accept the | obligations of the position. | |
| Sign | ature of New Registered Agent, if a | 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.

| Example: X Change | <u>PT</u> | John Doe | | |
|-------------------------------|-----------|-----------|-----------|---------|
| X Remove | <u>V</u> | Mike Jone | <u>.</u> | |
| X Add | <u>sv</u> | Sally Smi | <u>th</u> | |
| Type of Action (Check One) | Title | Ī | Name | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| Attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | 05/12/2016 | , if other than the |
|---|---|--|
| date this document was signed. | 02/12/2011 | |
| Effective date if applicable: | (no more than 90 days after am | nendment (ile date) |
| | ino more man 20 days after am | in the dute, |
| Note: If the date inserted in this block does document's effective date on the Department o | | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (Cl | HECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of vote approval. | es cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | |
| "The number of votes east for the ame | endment(s) was/were sufficient for | approval |
| by | | |
| (vo | oting group) | |
| ☐ The amendment(s) was/were adopted by the action was not required. | e board of directors without shareho | older action and shareholder |
| ☐ The amendment(s) was/were adopted by the action was not required. | e incorporators without shareholder | r action and shareholder |
| Dated05 17 | 1/20 | |
| Signature Signature | -3.6 | |
| (By a director, pre | sident or other officer - if directors | |
| | corporator – if in the hands of a recory by that fiduciary) | eiver, trustee, or other court |
| appointed ridionic | Λ | 0000112 |
| | Red10 M Her | |
| | (Typed or printed name of person | signing) |
| | president | - |
| | (Title of person signin | ng) |