P13000091959

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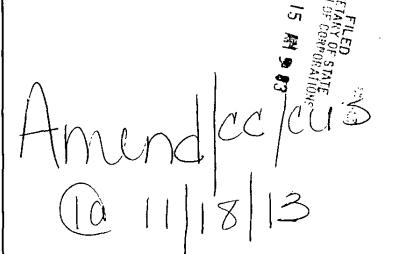
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DATE: 11/15/13

NAME: INTERVENTIONAL MANAGEMENT SERVICES HOLDINGS, INC.

TYPE OF FILING: AMENDMENT

COST: 52.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT			vices Holdings, Inc.
The enclosed Articles of A			
Please return all correspon	dence concerning this mat	ter to the following:	
Na	ancy L. Vidad		,
		Name of Contact Person	
Me	cGuireWoods L	LP	
		Firm/ Company	
77	West Wacker	Drive - Suite 410	00
		Address	
Cł	nicago, IL 6060	1	
	M	City/ State and Zip Code	•
nvida	d@mcguirewoo	ds.com	
		ed for future annual report	notification)
•			
For further information co	ncerning this matter, pleas	e call:	,
Nancy L. Vidad		_{at (} 312	, 750-8671
	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fce & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Piling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenda Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

Interventional Management Services Hold	dings, Inc.			
(Name of Corporation as currently filed with the FI				
P13000091959				
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ado	pts the following	amendment(s)	to
A. If amending name, enter the new name of the corporation: N/A			The new	
name must be distinguishable und contain the word "corporation" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Gword "chartered," "professional association," or the abbreviation "	Co". A professional corporati	ited" or the abi	breviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		_ 9	
			ANON OF S	Ξ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		Ġ.	
			32	
D. If amending the registered agent and/or registered office addr		of the	ت :	120
new registered agent and/or the new registered office address: Name of New Registered Agent N/A	<u> </u>			
(Florida stre	eet address)			
New Registered Office Address: (City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		at the nacition		

Signature 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>	<u>John Doe</u>	
X Remove	<u>v</u>	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	Р	Robin J. Fowler	5410 E. Co. Hwy 30A
Add			Suite 213
Remove			Seagrove Beach, FL 32459
2) Change	D	Robin J. Fowler	5410 E. Co. Hwy 30A
Add			Suite 213
Remove			Seagrove Beach, FL 32459
3) Change	<u></u>		
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	····		
Add			
Remove			•

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
·	
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	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у погаррисавле, таксале гол)	

Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	÷
"The number of votes can	st for the amendment(s) was/were sufficient for approval	·
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the hoard of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 1445	13 Romas	
(By a selec-	director president of our officer = a directors or officers have not been aid, your incorporate of in the hards of a receiver, trustee, or other court inted fiduciary by that fiduciary)	;
	Robin J. Fowler, M.D.	
	(Typed or printed name of person signing)	
	President	•
	(Title of person signing)	