Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: VALEZAR & ASSOCIATES Account Name

Account Number : 120150000092

: (305)252-5505

Fax Number

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Email Address: Mircha ( W

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BREMIER INTERVENTIONAL & DIAGNOSTIC RADIOLOGY CORP.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



Tallahassee, FL 32314

## **COVER LETTER**

TO: Amendment Division of					
NAME OF COR	PORATION: PREMIER INTER	VENTIONAL & DIAGNO	OSTIC RADIOLOGY CORP.		
DOCUMENT NUMBER: P16000092916					
	cles of Amendment and fee are su	ibmitted for filing.			
:•0 45	orrespondence concerning this ma	-			
r. P	Mirtha Almanzar				
		Name of Contact Person	n		
	Valezar & Associates				
		Firm/ Company		_	
	12485 SW 137th Ave Ste 20	6			
		Address		<del></del>	
	Miami, FL 33177				20
		City/ State and Zip Cod	c		22 h
	mirtha@valezar.com				VOV
	E-mail address: (to be u	sed for future annual report	notification)		-
For further inform	ation concerning this matter, plea	se call:		•	2022 NOV - 1 AH 10: 08
Mirtha Almanzar		at ( <u>305</u>	252-5505		80
Na Na	me of Contact Person	Area Co	de & Daytime Telephone Num	her	
4.0	k for the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fo	e S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Fax: 13052525505



## Articles of Amendment to Articles of Incorporation of

( <u></u>	ty filed with the Florida Dept. of State)		
6000092916			
(Document Number of	of Corporation (if known)		
rsuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amer	dnienti
If amending name, enter the new name of the corporation:			
		The	new
me must he distinguishable and contain the word "corporation," " nc.," or Co.," or the designation "Corp," "Inc," or "Co", hartered," "professional association," or the abbreviation "P.A.	A professional curporation name must		
Enter new principal office address, if applicable:	7556 Lake Worth Rd Suite 103		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	Lake Worth, FL 33467		
			202
			7027 HOV
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	7556 Lake Worth Rd Suite 103		٠ ٨٥
	Lake Worth, FL 33467	:	_
		· .	7
			AH ID:
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		•	80
Name of New Registered Agent NA			
(Florida st	reet address)		
	, Florida		<del></del>
New Registered Office Address:	(City)	(Zip Code)	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check.One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	NA			
Add				
Remove				
2) Change			202	
			2022 HOA	
Remove Change				
Add			( <b>1</b>	;
Remove			## 10:	i
4) Change	<del></del>	<del> </del>	08	
Add				
Remove				
5) Change				
Add				
Remove			<del></del>	
6) Change	<del></del>			
Add				
Remove				



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State of the state	U1.
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself:	25,
(if not applicable, indicate N/A)	
NA	
	<del></del>
<b>X</b>	

The date of each amendare date this document was sign	nent(s) adoption:ned.	, if other than the
Effective date if applicable	c:	
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date won the Department of State's records.	vill not be listed as the
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )	
The amendment(s) was/ action was not required.	were adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.	
☐ The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval	
by		20
	(voting group)	2022 NOV
10/	31/2022	YO Y
Dated	5112022	$\frac{1}{2}$
	f = f	
Signature	(By a director, president or other officer - if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	AH 10: 08
	Emilio Lopez	
Ţ.	(Typed or printed name of person signing)	
· •	President	
	(Title of person signing)	