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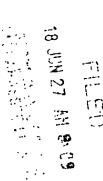




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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MD Health Care S	ystem, Inc.			
DOCUMENT NUME	BER:		<u> </u>		
	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Lily Craig				
	Name of Contact Person				
	Cardio Nuclear Diagnostic, Inc.				
		Firm/ Company	<del></del>		
	8110 Royal Palm Blvd., Suit	e 100			
	Address				
	Coral Springs, FL 33065				
		City/ State and Zip Code	<del></del>		
LCrai	g@mdhesi.com				
	- <del>-</del>	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Lily Craig		917 at (	244-6905 _)		
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	r 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	`	,,			
MD Health Care System Inc					
(Name	of Corporation as curren	atly filed with the Florida Dept. of S	itate)		
P17000020790					
	(Document Number	of Corporation (if known)		•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts	the following a	mendn	nent(s) to
A. If amending name, enter the new na	ame of the corporation:		T	he ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation is	l" or the abbr	reviatio	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8110 Royal Palm Blvd.			
		Suite 100	<u>,</u>	<b>A</b>	
		Coral Springs, FL 33065		<u></u>	
		P.O. Box 770398	in the second	127	<u>可</u> . m
		Coral Springs, FL 33077	74 ; 115 74	= <del>1</del> 22 	5
				<u></u>	
D. If amending the registered agent an new registered agent and/or the new			the		
	Joseph J. Di Capua	<u> </u>			
Name of New Registered Agent	8110 Royal Palm Blvd.,	Suite 100			
	(Florida :	street address)	<del></del>		
New Registered Office Address:	Coral Springs	, Flor	ida 33077		
new negatiered Office Address.		(City)	Zip Cod	le)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Joseph J Di Caprad

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Director Richard Bulman	8100 Royal Palm Blvd.
Add		Suite 102
X Remove		Coral Springs, FL 33065
2) Change	CEO/President/Joseph J. Di Capua	8110 Royal Palm Blvd.
X Add		Suite 100
Remove		Coral Springs, FL 33065
3 ) Change	CFO/2/rector/ Lily Craig	8110 Royal Palm Blvd
X Add		Suite 100
Remove		Coral Springs, FL 33065
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
/A	
	, <del>, , , , , , , , , , , , , , , , , , </del>
<u>lf an</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
A	

The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a 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 for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	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 board 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	a la la Di Canad	_
selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Joseph J. Di Capua	
	(Typed or printed name of person signing)	<del></del>
	CEO/President/Director/MGR	
	(Title of person signing)	