P94000047743

(Re	equestor's Name)	<u> </u>		
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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Westside E BER: P9400004774		P.A.		
DOCUMENT NUMI	BER: 1 0 1 0 0 0 0 1 7 1 1				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Owen Peller, GM	D			
	Name of Contact Person				
	Firm/ Company				
	4801 S. University Drive, Suite 104				
	Davie, FL 33328	Aguiess			
		City/ State and Zip Code			
owe	enpeller@aol.com	1			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Owen Peller,	GMD	_{at (} 954	626-3566 de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)	S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

vvestside EKG Associates, P.A.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P94000047743		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:		
EKG & Echo Readers Inc.	7	he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abb	reviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2014 NA SECRE TALLAH	
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MAY 22 A 2: 23 REFARE OF STATE AHASSLE, FLURRINA	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent		

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 Doc	
X Remove	Y	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	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			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	<u></u>	
			·
	4		
			·
			-
			
			· ·

f an amendment proyides for an exchiproyisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, and contained	or cancellation of issued d in the amendment itsel	shares, f:
			· · · · · · · · · · · · · · · · · · ·
<u> </u>			
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enterite date ir appreciate.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	May 19,2014	
Signature	Even felle, fregident	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
_	Owen Peller	
_	(Typed or printed name of person signing)	
_	Owen Coller (Typed or printed name of person signing) President thirteetor (Title of person signing)	
	(Title of person signing)	