## P95000015561

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                         |                    |             |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Anuna Mame Ma 8/13/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CO   | RPORATION: RADIOLOGY                          | PROFESSIONAL SERVICE  | S, INC.   |
|--|---|---|---|
| DOCUMENT   | NUMBER: P95000015                             | 5561  | <u> </u>  |
| The enclosed A   | rticles of Amendment and fee ar               | re submitted for filing.  |   |
| Please return all  | correspondence concerning this                | s matter to the following:  |   |
|  | ARMANDO A.                                    | PARDILLO  |   |
|  | Na  | ame of Contact Person   |   |
|  | ARMANDO PARDILLO LA                           | W OFFICES, P.A.   |   |
|  |   | Firm/ Company   |   |
|  | 1401 Ponce De Leon                            | Blvd., Suite 202  |   |
|  |   | Address   | <del> </del>  |
|  | Coral Gables, Flori                           | .da 33134   |   |
|  | Cit   | ty/ State and Zip Code  |   |
| _  | PEDAL43@yahoo.com E-mail address: (to be used | for future annual report notification)  |   |
| For further info   | mation concerning this matter, p              | please call:  |   |
| Armando A.   | Pardillo<br>me of Contact Person              | at (305 ) 444-0100 Area Code & Daytime Telep  | phone Number  |
| Enclosed is a ch   | eck for the following amount ma               | ade payable to the Florida Departn  | nent of State:  |
| \$35 Filing Fee  | S43.75 Filing Fee & Certificate of Status     | S43.75 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 |   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |

## **Articles of Amendment** to **Articles of Incorporation** of

RADIOLOGY PROFESSIONAL SERVECES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P95000015561

lowing

| (Document Number of Co   | rporation (if known)                        |  |
|--|---|--|
| Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida                      | Profit Corporation adopts the fol                                |
| A. If amending name, enter the new name of the corpo   | oration:                                    |  |
| DE LA PEDRAJA RADIOLOGY PROFESSION name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional and all the contains the contains the word "chartered," "professional and all the contains the conta | "corporation," "com<br>on "Corp," "Inc," or | pany," or "incorporated" or the "Co". A professional corporation |
| B. Enter new principal office address, if applicable:  | N/A   |  |
| (Principal office address MUST BE A STREET ADDRE   | ESS)  |  |
|  |   | <del>- , ,,,,</del>  |
|  | · · · · · · · · · · · · · · · · · · ·       | *** <del>**********************************</del>                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A   |  |
| (Manney Maness MAY BEAT OF OTTICE BOX)   | N/A   |  |
|  | <del></del>                                 | <del></del>  |
| D. If amonding the project and a second of the second  | - 661                                       |  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi  |   | ida, enter the name of the                                       |
| Name of New Registered Agent:  | N/A   |  |
|  |   | <del></del>  |
| New Registered Office Address:   | N/A<br>(Florida street address              | c)   |
|  | (1 30 30 20 30 30 30 40 0                   | ,  |
|  | (City)                                      | Florida<br>(Zip Code)  |
|  | ••  | (Sip Coul)   |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are   |   | cent the obligations of the position                             |
| appointment as registered agent. Tar   | n/A   | reprinte congunates of the position.                             |
| Signature o  | of New Registered Agen                      | t. if changing   |
| 2.0,   | ,   | -, yoo   |

Page 1 of 3

## 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)

| <u>Title</u>                | <u>Name</u>  | Address                                 | Type of Action                         |
|-----------------------------|--|---|--|
| D,VP                        | PEDRO ALVAREZ  | 9300 S.W. 20 St.<br>Miami, Florida 3316 | Ä Add<br>5□ Remove                     |
|                             |  |   | _                                      |
| <del>Marie de la cons</del> |  |   | Add Remove                             |
|                             | ng or adding additional Articles, enter<br>litional sheets, if necessary). (Be specif<br>N/A           | îc)                                     |  |
|                             |  |   |  |
| <u>provision</u>            | endment provides for an exchange, reclass for implementing the amendment if a pplicable, indicate N/A) | lassification, or cancellation of issue | sued shares,<br>itself:                |
|                             | N/A  |   |  |
| -                           |  |   | ······································ |
|                             |  |   |  |
|                             |  |   |  |
|                             |  |   |  |

| The date of each amendment(s)                            | adoption: August 4, 2009  |
|--|---|
|  | (date of adoption is required)  |
| Effective date if applicable:                            |   |
| (n   | no more than 90 days after amendment file date)   |
|  |   |
| Adoption of Amendment(s)                                 | (CHECK ONE)   |
| The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |
|  | approved 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 cas                                 | t for the amendment(s) was/were sufficient for approval   |
| by   | "   |
| (vc  | oting group)  |
| The amendment(s) was/were a action was not required.     | adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were a action was not required.     | adopted by the incorporators without shareholder action and shareholder   |
|  | st <b>4</b> , 2009  |
| Signature X  | lirector, president or other officer – if directors or officers have not been   |
| selecte  | director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| _  | OSVALDO DE LA PEDRAJA, SR.  (Typed or printed name of person signing)   |
| _  | President (Title of person signing)   |