

P95000023796

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(City/State/Zip/Phone #)

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AND
FILED

10 JAN - 8 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SMH Radiology Associates, P.A.

DOCUMENT NUMBER: P95000023796

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly Forte
Name of Contact Person

SMH Radiology Associates
Firm/ Company

P.O. Box 25428
Address

Sarasota, FL 34277
City/ State and Zip Code

mforte@unsrad.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Forte at (941) 487-2550
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2009

MOLLY FORTE
P.O. BOX 25428
SARASOTA, FL 34277

SUBJECT: SMH RADIOLOGY ASSOCIATES, P.A.
Ref. Number: P95000023796

We have received your document for SMH RADIOLOGY ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of your amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 909A00038333

RECEIVED
2010 JAN -8 AM 10:00
CORPORATION
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

SMH Radiology Associates, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

: 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>	<u>Address</u>	<u>Type of Action</u>
<u>DR</u>	<u>Randall Brodsky</u>	<u>P.O. Box 25428</u> <u>Sarasota, FL 34277</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DR</u>	<u>Maria Finazzo</u>	<u>P.O. Box 25428</u> <u>Sarasota, FL 34277</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>Please see attached list</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove


E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)


N/A


F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)


N/A

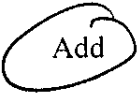
<u>Title/Name/Address</u>	<u>Action</u>
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Dr. Harold Ackerstein PO Box 25428 Sarasota, FL 34277	
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Dr. Laura Kunberger PO Box 25428 Sarasota, FL 34277	
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Dr. Karen Gross PO Box 25428 Sarasota, FL 34277	
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Dr. Amelia Pearce PO Box 25428 Sarasota, FL 34277	
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Dr. Shree Shah PO Box 25428 Sarasota, FL 34277	
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Dr. Marcel Srur PO Box 25428 Sarasota, FL 34277	
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The date of each amendment(s) adoption: 12/10/2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/10/09

Signature

Clarence R. Reilly, MD

(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)

Clarence R. Reilly, MD

(Typed or printed name of person signing)

President

(Title of person signing)