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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Cardio Nuclear Di	agnostic, Inc.	
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Lily Craig		
		Name of Contact Person	
	Cardio Nuclear Diagnostic, I	nc.	
		Firm/ Company	
	8110 Royal Palm Blvd., Suit	e 100	
		Address	
	Coral Springs, FL 33065		
	***************************************	City/ State and Zip Code	,
LCrai	g@mdhesi.com		
	- - -	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Lily Craig		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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cardio Nuclear Diagnostic Inc.			
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of S	itate)
P95000057494			
	(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 amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
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.	
B. Enter new principal office address,	if applicable:	5667 Coral Gate Blvd.	
(Principal office address MUST BE A STREET ADDRESS)		Margate, FL 33063	
			مُن رَبِي
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 770398	70 70 70 70 70 70 70 70 70 70 70 70 70 7
		Coral Springs, FL 33077	<u> </u>
			्रे छ
D. If amending the registered agent ar new registered agent and/or the ne			the
Name of New Registered Agent	Joseph J. Di Capua		
	8110 Royal Palm Blvd	Suite 100	
	(Florida	street address)	· h
Now Registered Office Address	Coral Springs	Flor	ida 33077

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.

(City)

(Zip Code)

If amending the Officers and/or Directors, enter the titlé 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: \underline{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 Barry Backer	10602 NW 49th Place
Add		Coral Springs, FL 33076
X Remove		
2) Change	Director Alan L. Shankman	10310 NW 24th Street
Add		Sunrise, FL 33322
X Remove		
3) Change	CEO/MER. Joseph J. Di Capua	P.O. Box 770398
X Add		Coral Springs, FL 33077
Remove		
4) Change	CFO/Director/Lily Craig	P.O. Box 770398
X Add		Coral Springs, FL 33077
Remove		
5) Change		
Add		
Remove		
б) Change		
Add		
Remove		

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.)
	oved by the shareholders through voting groups. The following stateme, ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder	г
action was not required.		
06/25/2018 Dated	gh & Di Capray	·
selected.	ector, 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 d fiduciary by that fiduciary)	ı
1	oseph J. Di Capua	
_	(Typed or printed name of person signing)	
(EO/MGR/Director	
-	(Title of person signing)	