## P96000019673

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DO	CTOR'S CHOICE DIAGNOSTIC C	ENTER, INC.	
DOCUMENT NUMBER: P960000	19673		
The enclosed Articles of Amendment	nd fee are submitted for filing.		
Please return all correspondence conce	rning this matter to the following:		
LILLIAN SARDINA	S		
	(Name of Contact Person)		
SARDINAS & AS	SOCIATES ACCOUNTANTS, F	P.A.	
	(Firm/ Company)		
7171 CORAL WAY			
	(Address)		
MIAMI, FL 33155		·	
	(City/ State and Zip Code)	•	
For further information concerning this	matter, please call:		
LILLIAN SARDINAS			
(Name of Contact Person)	(Area Code & Daytime Tele	ephone Number)	
Enclosed is a check for the following a	mount:		
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta		\$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

## DOCTOR'S CHOICE DIAGNOSTIC CENTER, INC.

P96000019673

(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 <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE VII - The officer(s) and/or director(s) of the corporation
DELETE: DIANA PATRICIA LANDAZURI, PD
ADD: LUIS RAUL FUENTES, PDS
ADD: ODALYS TORRES ORTIZ, VP
(Attach additional pages if necessary)
If an amendment provides for 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
(continued)

,
The date of each amendment(s) adoption: DECEMBER 8, 2006
The date of each amendment(s) adoption: DECEMBER 8, 2006  Effective date if applicable: DECEMBER 8, 2006  (no more than 90 days after amendment file date)  Adoption of Amendment(s)  (CHECK ONE)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signature  (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)
LUIS RAUL FUENTES  (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35