

P98000106365

(Requestor's Name)

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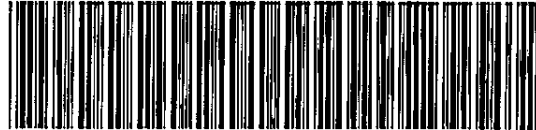
(Business Entity Name)

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**FILED**  
05 MAY 16 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 5/17/05

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: INTERNATIONAL Medical Imaging of Central Florida  
DOCUMENT NUMBER: P98000106365

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

Please return all correspondence concerning this matter to the following:

Shawn Woodburn  
(Name of Contact Person)

International Medical Imaging of Central Florida Inc.  
(Firm/ Company)

668 N. Orlando Ave #1005B  
(Address)

Maitland, FL 32751  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Shawn Woodburn at (407) 740-8848  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 25, 2005

INTERNATIONAL MEDICAL IMAGING OF CENTRAL FLORIDA, INC.  
ATTN: SHAUN WOODBURN  
668 N ORLANDO AVE #100513  
MAITLAND, FL 32751

SUBJECT: INTERNATIONAL MEDICAL IMAGING OF CENTRAL FLORIDA,  
INC.  
Ref. Number: P98000106365

We have received your document for INTERNATIONAL MEDICAL IMAGING OF CENTRAL FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

Pamela Smith  
Document Specialist

Letter Number: 205A00028186

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DIVISION OF CORPORATIONS

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32314  
(850) 245-6957  
WWW.FLORIDA.GOV

Articles of Amendment  
to  
Articles of Incorporation  
of

International Medical Imaging of Central Florida, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

P98000106365

(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:

**NEW CORPORATE NAME (if changing):**

The Health Advantage Network, Inc.

(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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption:

5/12/2005

Effective date if applicable:

(no more than 90 days after amendment file date)

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.

Signed this

12 day of May, 2005.

Signature

Shawn Woodburn

(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)

Shawn Woodburn

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**