

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number: I20110000067

: (786)362-0124

Phone

Fax Number : (786) 558-4546

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

ヤーへもろ	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

1/2

Articles of Amendment Articles of Incorporation

	of			
TRANS-IMAGING DIAGNO	STIC MEDICAL C	ENTER, CORP.		
•	currently filed with the Flor	ida Dept. of State)		
P99000068319				
(Document	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this Flo	orida Profit Corporation ado	pts the following an	nendment(s) to
A. If amending name, enter the new name	me of the corporation:			
			The	e new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional associated B. Enter new principal office address, if (Principal office address MUST BE A ST	ntion "Corp," "Inc," or "Co ion," or the abbreviation "P. I applicable: REET ADDRESS)	". A professional corporati		
(Mailing address <u>MAY BE A POST O</u>				12 JUL 23
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name	e of the	い。
	RIVERO, LUIS M.			D
Manie of Men Westrieven Whent	330 SW 27 AVE. S	UITE 402		PH 2:
	(Florida street	address)		~
New Registered Office Address:	MIAMI	, Florida_	33135	9 34
	(City)		(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familier with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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address of each Officer (Attach additional sheets Please note the officer/dt P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I i, if neces, irector tit Presiden = Chief er, Direct I in the fo aves the c	Director b sary) le by the fi it; T= Trec Financial for would i ollowing m corporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds morbe PTD. anner. Currently John Doe is listed as the sally Smith is named the V and S. Thes	er/director being removed and title, name, and Trustee; $C = Chairman$ or $Clerk$; $CEO = Chief$ we than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
X Change	PŢ	John Do	<u>×</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1)Change	PD		LORENZO, JOSE W.	11716 S.W. 143 RD AVE.
Add				MIAMI, FL 33186
X Remove				
2) X Change	PVT	•	RIVERO, LUIS M.	801 NW 47 AVE. APTO. 612
Add		_		MIAMI, FL 33126
Remove				
3)Change				
Add				
Remove				
4) Change				
Add			•	
Remove				
5) Change				
Add				
Remove				
6) Change	<u></u>			
Add			•	
Remove				

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. If amending or adding addit	ional Article	s, enter change(s	<u>) here</u> :			•
(Attach additional sheets, if ne	cessary). (Be specific)				
		-				
						
						
· · · · · · · · · · · · · · · · · · ·						
						
				 		
	····					
. If an amendment provides fo	r an exchan	ge, reclassificatio	n. or cancel	lation of issued	l shares.	
provisions for implementing	<u>g the amendr</u>	nent if not conta	ned in the	mendment its	elf:	
(if not applicable, indica	te N/A)					
		· · · 				
						
				,		
·						

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A C			
The date of each amendment(s) ad	option: <u>07/18/2012</u>	· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:			
	(no more than 90 c	days after am e ndment file	date)
Adoption of Amendment(s)	(CHECK ONE)	•	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The milicient for approval.	umber of votes cast for th	e amendment(s)
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders throug each voting group entitled to vo	gh voting groups. The fol- te separately on the amen	lowing statement idment(s):
"The number of votes cast for	or the amendment(s) was/were s	sufficient for approval	
ьу	(voting group)		
☐ The amendment(s) was/were adopted action was not required.		thout shareholder action :	and shareholder
The amendment(s) was/were adoptaction was not required.	sted by the incorporators withou	nt shareholder action and s	shareholder
Dated	51/81/rc	···	
Signature	al.	-	
(By a dir selected,	ector, president or other officer, by an incorporator — if in the h d fiduciary by that fiduciary)		
_	dis N. P.	ruen .	
	(Typed or printed nar	ne of person signing)	
	PUT		
_	(Title of person si	gning)	

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