

P99000105548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

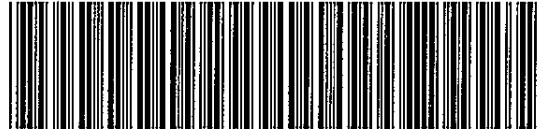
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100061886591

12/14/05--01043--002 **35.00

FILED
05 DEC 14 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amen

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A-1 Open MRI, Inc.

DOCUMENT NUMBER: P99000105548

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

Please return all correspondence concerning this matter to the following:

Rita Hearst, President
(Name of Contact Person)

A-1 Open MRI, Inc.
(Firm/Company)

4661 Johnson Rd., Suite 4
(Address)

Coconut Creek FL 33073
(City, State and Zip Code)

For further information concerning this matter, please call:

Bernard M. Cassidy at (954) 764-6430
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

A-1 Open MRI Inc.

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

P99000105548

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Officer / Director Detail:

Remove: David Poces, D.C. as President

David Poces, D.C. as Registered Agent

Add: Rita Hearst as President

Rita Hearst as Registered Agent

(Attach additional pages if necessary)
(continued)

FILED
05 DEC 14 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: 10/1/05

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.

Signature

Rita Hearst, Pres.
(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)

Rita Hearst

(Typed or printed name of person signing)

President / Director

(Title of person signing)

FILING FEE: \$35