

744144

(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



300291070723

10/14/16--01021--015 \*\*35.00

FILED

2016 OCT 14 AM 10:17  
SECURITY STATE  
TALLAHASSEE, FLORIDA

*Amend*

OCT 17 2016

ALBRITTON



Catherine V. Travers

Akerman LLP  
401 E. Jackson Street  
Suite 1700  
Tampa, FL 33602-5250  
Tel: 813.223.7333  
Fax: 813.223.2837

Dir: 813.209.5061  
kate.travers@akerman.com

October 13, 2016

**Via Fed Ex: Tracking No. 7843 4643 1425**

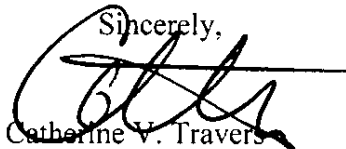
Attn: Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**RE: Meridian Behavioral Healthcare, Inc.  
Document Number: 744144**

Dear Sir/Madam:

Enclosed please find check number 60009239 in the amount of \$35.00, for the cost of filing the also enclosed Amendments to Articles of Incorporation of Meridian Behavioral Healthcare, Inc., as well as a self-addressed Federal Express return envelope. Please note that the enclosed amendment consists of two pages, both the front and back sides.

Please file the amendment and return the letter of acknowledgment to my attention in the self-addressed Federal Express envelope provided. Please do not hesitate to contact me directly at 813-209-5061, with questions or for additional information. Thank you for your assistance with this matter.

Sincerely,  
  
Catherine V. Travers

cvt/enclosures  
Fed Ex. Return Tracking No. 7951 9940 2295  
akerman.com

AMENDMENTS TO ARTICLES OF INCORPORATION OF  
MERIDIAN BEHAVIORAL HEALTHCARE, INC.

The Certificate of Incorporation of Meridian Behavioral Healthcare, Inc., formerly known as North Florida Mental Health Center Inc. (Corporation) as amended through May 18, 2010 pursuant to Florida Statutes section 617.1001 through 617.1006 is amended as follows:

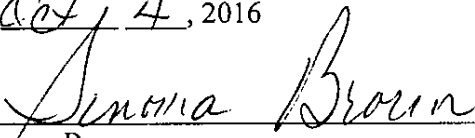
1. Article III is deleted and the following is substituted:

a) The Membership of this Corporation shall consist of those persons who have been selected or elected as Directors of the Corporation and who shall manage all the affairs of the Corporation. Directors shall be individuals meeting the qualifications for Board Members as specified in the bylaws of the Corporation. The number of Directors, the terms in office of Directors and the process by which Directors are selected or elected shall be establish in the bylaws of the Corporation.

b) The expectation is the Board shall initially consist of Seventeen Members, Fifteen of which shall be apportioned among the counties within the core service area of the Corporation as established from time to time. If, by bylaw amendment, the number of Directors is reduced below Seventeen Members the expectation is that two of the Directors will be At Large and the remaining number of Directors, as set in the bylaws, shall be apportioned among the counties within the core service area. As nearly as possible, consistent with the number of Directors, at least one Board Member will come from each of the counties within the core service area. After the Annual Meeting of the Corporation in December of each year, the Governing Body of each county within the core service area will be advised of the selection of a Board Member to represent each county.

2. The forgoing Amendment was adopted by the Board of Directors of Meridian Behavioral Healthcare, Inc. as required by the bylaws, which Directors are also the Members of the Corporation, by unanimous vote at a regularly scheduled meeting of the Board of Directors at which a quorum was present on October 4, 2016.

In witness whereof the undersigned Board Chair and Board Secretary of the Corporation have executed these Articles of Amendment on Oct 4, 2016

  
Sinoma Brown  
Chair

FILED  
2016 OCT 14 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

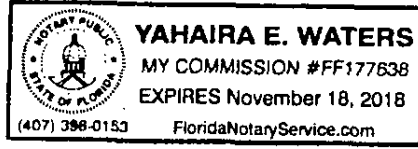
SWORN TO AND SUBSCRIBED before me by Sinoma Brown on the 10<sup>th</sup> day of October, 2016, who is personally known to me or who produced as identification.

Yahaira Waters  
(Signature of Notary Public)

(SEAL)

Yahaira Waters  
(Printed Name)

My Commission Expires: 11/18/18



Sharon Longworth  
Secretary

SWORN TO AND SUBSCRIBED before me by Sharon Longworth on the 14<sup>th</sup> day of October, 2016, who is personally known to me or who produced as identification.

Yahaira Waters  
(Signature of Notary Public)

(SEAL)

Yahaira Waters  
(Printed Name)

My Commission Expires: 11/18/18

