

757302

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

500002985685--8
 -09/13/99--01139--003
 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CENTRAL FLORIDA REGIONAL
 2. HOSPITAL AUXILIARY, INC.
 3. 1401 W Seminole Blvd
 4. Sanford, FL 32771
 - Telephone: (407) 321 4500
- (Corporation Name) _____ (Document #) _____

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
 99 OCT -1 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

~~W99 21551~~

N/C

V. SHEPARD OCT 5 1999

Examiner's Initials	_____
---------------------	-------



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 20, 1999

CENTRAL FLORIDA REGIONAL
HOSPITAL AUXILIARY, INC.
1401 W. SEMINOLE BLVD.
SANFORD, FL 32771

SUBJECT: COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY, INC.
Ref. Number: 757302

We have received your document for COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes. Enclosed is the correct form.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 299A00046018

*PLEASE
SEE
ATTACHED*

Rec'd 10/1

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

59-2698

FILED
99 OCT -1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY INC.
(present name)

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

NAME CHANGE ONLY

CHANGE TO

CENTRAL FLORIDA REGIONAL HOSPITAL
AUXILIARY INC.

SECOND: The date of adoption of the amendment(s) was: APRIL 29, 1998

THIRD: Adoption of Amendment (CHECK ONE)

- The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

CENTRAL FLORIDA REGIONAL HOSPITAL
Corporation Name

AUXILIARY INC.

Thelma B. Smith

Signature of Chairman, Vice Chairman, President or other officer

THELMA B. SMITH

Typed or printed name

TREASURER

Title

9/25/99

Date