

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.  
Account Number : I20140000049  
Phone : (786)837-6787  
Fax Number : (305)718-0687

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

Email Address:

eric@epgdllaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NURSING CONSORTIUM OF SOUTH FLORIDA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$43.75

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

DOCUMENT NUMBER: N03000005571

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

Please return all correspondence concerning this matter to the following:

RALPH EGÜES, JR.

(Name of Contact Person)

NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

(Firm/ Company)

5751 SW 58TH COURT

(Address)

SOUTH MIAMI FL 33143-2349

(City/ State and Zip Code)

EGÜES@NURSINGCONSORTIUM.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH EGÜES, JR.

305

669-9644

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

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

N03000005571

(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:

**A. If amending name, enter the new name of the corporation:**

NURSING CONSORTIUM OF FLORIDA, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

NOT APPLICABLE

NOT APPLICABLE

NOT APPLICABLE

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

NOT APPLICABLE

NOT APPLICABLE

NOT APPLICABLE

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

NOT APPLICABLE

NOT APPLICABLE

New Registered Office Address:

*(Florida street address)*

NOT APPLICABLE

*(City)*

NOT APPLICABLE

*Florida  
(Zip Code)*

**New Registered Agent's Signature. If changing Registered Agent:**

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

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2022 MAR 15 1:11:09

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE - NAME CHANGE ONLY

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2022 MAR 15 PM 11:09

2022.FALL 15 Fri 11:09  
10/14/22

Effective date if applicable: JANUARY 18, 2022  
(no more than 90 days after amendment file date)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- There are no members or members omitted to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated JANUARY 18, 2022

Signature



(By the chairman or vice chairman of the Board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA A. SUAREZ, DNP, MSN, APRN, ACNP-BC

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2022 JAN 15 PM 11:09  
RECEIVED  
FAX