

# N12000003843

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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S TALLENT

OCT 23 2017

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
U.S. PUBLIC RURAL HEALTH SERVICES, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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17 OCT 20 PM 3:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Amend*

H17000277147

Articles of Amendment  
to  
Articles of Incorporation  
of

U.S. Public Rural Health Services, Corp.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N12 000003843

(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:

*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)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City) 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

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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         | <u>VP</u> | <u>ASif M Mir</u>          | _____ |
| <input type="checkbox"/> Add               |           |                            | _____ |
| <input checked="" type="checkbox"/> Remove |           |                            | _____ |
| 2) <input type="checkbox"/> Change         | <u>S</u>  | <u>Josefina Sotolongo</u>  | _____ |
| <input type="checkbox"/> Add               |           |                            | _____ |
| <input checked="" type="checkbox"/> Remove |           |                            | _____ |
| 3) <input type="checkbox"/> Change         | <u>D</u>  | <u>Armanda P Mir</u>       | _____ |
| <input type="checkbox"/> Add               |           |                            | _____ |
| <input checked="" type="checkbox"/> Remove |           |                            | _____ |
| 4) <input type="checkbox"/> Change         | <u>S</u>  | <u>David J Fernandez</u>   | _____ |
| <input type="checkbox"/> Add               |           |                            | _____ |
| <input checked="" type="checkbox"/> Remove |           |                            | _____ |
| 5) <input type="checkbox"/> Change         | <u>VP</u> | <u>Yasmeen M Fernandez</u> | _____ |
| <input checked="" type="checkbox"/> Add    |           |                            | _____ |
| <input type="checkbox"/> Remove            |           |                            | _____ |
| 6) <input type="checkbox"/> Change         | <u>VP</u> | <u>NINOSKA MARTINEZ</u>    | _____ |
| <input checked="" 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)

H17000277142

ADD:

GRACIELA JOSEFINA URDANETA  
a (President)

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The date of each amendment(s) adoption: 10/20/17, if other than the date this document was signed.

Effective date if applicable: 10/20/17  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

10/20/17

Signature

Graciela Josefa Urdaneta

(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)

Graciela JOSEFINA Urdaneta.

(Typed or printed name of person signing)

(P)

(Title of person signing)

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