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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Florida Hospita | al Collec | ge of Health Sc | iences, Inc. |
|--|--|--------------|--|---|
| DOCUMENT NUM | BER: <u>N44225</u> | | | |
| The enclosed Articles | s of Amendment and fee are sub- | mitted for t | filing. | |
| Please return all corre | espondence concerning this matt | er to the fo | llowing: | |
| | Sarah Sneath - | | | |
| | (Name of | Contact Pe | rson) | |
| | Adventist | Health S | ystem | |
| | (Firm | / Company | ") | |
| | 111 N. O | rlando Av | venue | |
| | (A | Address) | | |
| | Winter Par | k, Florida | 32789 | |
| | (City/ Stat | e and Zip (| Code) | |
| | sarah.sne E-mail address: (to be used | eath@ahs | ss.org | eation) |
| For further information | on concerning this matter, please | e call: | | |
| Sarah Sneat | | at (| 407 ₎ 975-149 | 94 |
| (Name | of Contact Person) | | (Area Code & Dayti | me Telephone Number) |
| Enclosed is a check f | or the following amount made p | ayable to th | ne Florida Departmer | nt of State: |
| □\$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | Certific | .75 Filing Fee & ed Copy ional copy is ed) | ☐ \$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 Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230 | er Circle |

Articles of Amendment to

| Articles of Incorporation of | Tax Alle |
|--|--------------|
| Florida Hospital College of Health Sciences, Inc. | 1886 OF 8 40 |
| (Name of Corporation as currently filed with the Florida Dept. of State) | TONTE |
| N44225 | ~~ |
| (Document Number of Corporation (if known) | |

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| | 1225 | | |
| (Document Number of | of Corporati | on (if known) | |
| arsuant to the provisions of section 617.1006, Floring e following amendment(s) to its Articles of Incorp | | this Florida Not For | Profit Corporation adop |
| . If amending name, enter the new name of the | corporation | <u>n:</u> | |
| 1 | N/A | | |
| he new name must be distinguishable and contai bbreviation "Corp." or "Inc." <mark>"Company" or "C</mark> o | | | corporated" or the |
| . Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AL</u> | | N/A | |
| | , , , , , , | | |
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| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>BOX</u>) | N/A | |
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| . If amending the registered agent and/or registered agent and/or the new registered | | | nter the name of the |
| Name of New Registered Agent: | on online and | N/A | |
| Name of New Registered Agent. | | N/A | |
| New Registered Office Address: | (Flori | ida street address) | |
| | | | , Florida |
| | | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agentistion. | | | ept the obligations of t |
| | | | |
| Signa | iture of New | Registered Agent, if c | hanging |

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---|-------------------------|--|----------------|
| N/A | N/A | <u>N/A</u> | |
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| Please s | additional sheets, if n | tional Articles, enter change(s) here: cessary). (Be specific) amended Article III ("Membership") and e Affairs"). | l Article VII |
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| The date of each amendme | ent(s) adoption: October 22, 200 | 09 | · |
|---|--|------------------------|---------------------|
| Effective date if applicable | (date of adop | tion is required) | |
| | (no more than 90 days a | fter amendment file d | ate) |
| • | | | |
| Adoption of Amendment(s | s) (<u>CHECK ONE</u>) | | |
| | were adopted by the members and th pproval. See paragraph サリ | | |
| There are no members of adopted by the board of | or members entitled to vote on the an | nendment(s). The am | endment(s) was/were |
| | | | |
| Dated | | | |
| | Signature | - Attubed | Amendment |
| Signature | | | |
| Ì | By the chairman or vice chairman of nave not been selected, by an incorpother court appointed fiduciary by the | orator - if in the han | |
| J | | | |
| Harry. | (Typed or printed na | nme of person signing |) |
| \ | (Title of perso | on signing) | |

Page 3 of 3

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC.

Pursuant to the provisions of Section 617.1006 of the Florida Statutes, the undersigned corporation hereby certifies as follows:

- 1. The name of this corporation is Florida Hospital College of Health Sciences, Inc. ("Corporation").
- 2. The Articles of Incorporation shall be amended by deleting the content of paragraph one of Article III ("Membership") and inserting the following in its stead:

The membership of the Corporation shall be comprised of those individuals appointed to the Board of Directors of Florida Hospital as of October 1, 2009. Additional individuals may be appointed to the membership in accordance with the provisions of the Bylaws. An individual may be removed as a member of the Corporation in accordance with the process set forth in the Bylaws.

3. The Articles of Incorporation shall be amended by deleting the provisions of Article VII ("Management of Corporate Affairs") in their entirety and inserting the following in their stead:

The affairs of the Corporation shall be managed by a Board of Trustees. The number of Board members and the manner in which a Board member is elected and/or removed is governed by the provisions of the Bylaws.

4. The Articles of Amendment were duly adopted by the membership of the Corporation on October 22, 2009, as the Board of Directors does not have the right to adopt, amendments to the Articles of Incorporation. The number of votes cast for the Amendments were sufficient for approval in accordance with the Bylaws and state law.

FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC.

Bv:

David Greenlaw, President

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