LAW OFFICES



TELEFAX (561) 231-9876 E-Mail: firm@sneh.com

July 31, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Indian River Memorial Hospital, Inc. RE:

Dear Representative:

Enclosed for filing with your office please find an original Certificate of Amendment of Articles of Incorporation for Indian River Memorial Hospital, Inc.

A check in the amount of \$43.75, representing payment of the following fees, is $\frac{3}{2}$ enclosed:

> Filing Fee 1. **Certified Copy**

> > **Total**

35.00 8.75

\$ 43.75

Enclosed is an extra copy of the Certificate of Amendment of Articles of Incorporation to provide our office with a certified copy once the Amendment has been filed.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sheila Hostetler

ry or Assistant to William J. Stewart, Esquire

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Enclosures

File CC:

CERTIFICATE OF AMENDMENT

<u>OF</u>

ARTICLES OF INCORPORATION

 \mathbf{OF}

INDIAN RIVER MEMORIAL HOSPITAL, INC. A Florida Not-For-Profit Corporation

INDIAN RIVER MEMORIAL HOSPITAL, INC., under its corporate seal and acting by its President and Secretary, does hereby certify that at a meeting held on May 23, 2000, at least three-quarters (3/4) of the members of the Board of Directors of the corporation consented to the Articles of Incorporation being amended as hereinafter set out and that on June 15, 2000, a majority of the Board of Trustees of the Indian River County Hospital District. Special Taxing District, located in Indian River County, Florida consented to the Articles of Incorporation being amended as hereinafter set out. There are no members entitled to vote on the amendment.

WHEREFORE, it is herewith certified that INDIAN RIVER MEMORIAL HOSPITAL, INC., a not-for-profit corporation under the laws of the State of Florida, pursuant to Chapter 617, Florida Statutes, has and does amend its Articles of Incorporation heretofore filed in the office of the Secretary of State of the State of Florida as to Article VIII thereof, so that Article 8.1 of said Articles of Incorporation shall read as follows:

ARTICLE VIII

Officers

8.1 Number. The Officers of the Corporation shall be a Chairman, one or more Vice Chairmen, a President, one or more Vice Presidents, a Treasurer, a Secretary, and such additional officers, including one or more Assistant Treasurers and Assistant Secretaries, as the Board of Directors shall designate from time to time. No person shall hold concurrently more than one office.

| IN WITNESS WHEREOF, said Cor | poration has caused this certificate to be executed in |
|---|--|
| its name by its President, attested by its Secr | retary and its corporate seal hereto affixed, by due |
| authority, this 28th day of June | , 2000. |
| Ι | NDIAN RIVER MEMORIAL HOSPITAL, INC. |
| E | Seffrey L. Sasi, President |
| ATTEST: BY: Translain H (W) | |
| Franklin H. Cox, M.D., Secretary | (CORPORATE SEAL) SECULOR SEAL) ALCOMOR SEAL ALCOMOR SEA |

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

| I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the |
|--|
| State and County aforesaid to take acknowledgments, personally appeared JEFFREY L. SUSI, |
| the President of INDIAN RIVER MEMORIAL HOSPITAL, INC. and FRANKLIN H. COX, |
| M.D., Secretary of INDIAN RIVER MEMORIAL HOSPITAL, INC., who: |
| have produced as identification; or |
| are personally known to me |
| to be the person(s) who are named in the foregoing instrument and that they jointly and severally |
| acknowledged executing the same freely and voluntarily under authority duly vested in them by |
| said corporation and that the seal affixed thereto is the true corporate seal of said corporation. |
| WITNESS my hand and official seal in the County and State last aforesaid this |
| Notary Public, State of Florida at Large |
| My commission Expires |

NOTARY SEAL

LISA LICITRA
Notary Public - State of Florida
My Commission Expires Apr 12, 2004
Commission # CC927373