3241638

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2019 JAN - 7 AMII: 13 SECRETARY SEE TATE

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Westchester General Hospital, Inc.

Name of Corporation

DOCUMENT NUMBER

324638

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Valdes

Name of Contact Person

Westchester General Hospital, Inc.

Firm/Company

2500 S.W. 75th Avenue

Address

Miami, Florida 33155

City/State and Zip Code

admwgh@westchesterhospital.com

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

For further information concerning this matter, please call:

Mary Valdes

,305

264-5252x1700

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 6, 2018

MARY VALDES 2500 S.W. 75TH AVE MIAMI, FL 33155

SUBJECT: WESTCHESTER GENERAL HOSPITAL, INC.

Ref. Number: 324638

We have received your document for WESTCHESTER GENERAL HOSPITAL, 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):

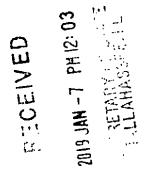
The statement of change of registered agent/office cannot be used to change officers/directors. Please see the enclosed information for making this change.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 618A00025128



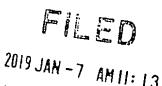
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	Westchester Ger	neral Hospital, Inc.		
DOCUMENT NUME	324638 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Mary Valdes			
		Name of Contact F	Person	_
	Westchester General Hos	pital, Inc.		
		Firm/ Compan	ny	
	2500 S.W. 75th Avenue			
		Address		
	Miami, Florida 33155			
		City/ State and Zip	Code	
mv	aldes@westchesterhospita	I.com		
	E-mail address: (to be used for future a	unnual report notification)	
For further information	n concerning this matter, pleas	se call:		
Mary Valdes		305 at (264-5252	
Name o	of Contact Person	Are	ea Code & Daytime Telephone Num	ber
Enclosed is a check fo	r the following amount made	payable to the Florida	Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	A D C	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Westchester General Hospital, Inc.

(Name of Corporation as currently filed with the	e Florida Dept. of State)
(Name of Corporation as currently filed with the 324638	TALEAHASSEF, FI
(Document Number of Corporation	
ursuant to the provisions of section 607.1006, Florida Statutes, theorems to the provisions of section 607.1006, Florida Statutes, the provision of section 607.1006, Florida Statutes, Florida Sta	his corporation adopts the following amendment(s) to its Arti
. If amending name, enter the new name of the corporation:	
lot Applicable	The new
ume must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	ttion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
Enter now principal office address if applicables	Not Applicable
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable
	-
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Not Applicable	<u> </u>
Name of New Registered Agent	
(151	a street address)
(rionati	1 street dadress)
New Registered Office Address:	, Florida
(C.	ιψ) (Ζιρ Coae)
ew Registered Agent's Signature, if changing Registered Age	ent:
hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of New Registere	ed Agent, if changing

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Rudy Garcia	2500 S.W. 75th Avenue
Add			Miami, Florida 33155
Remove			
2) Change	Р	Gregory Fox	2500 S.W. 75th Avenue
X Add			Miami, Florida 33155
Remove			
3) Change		_	
Add		`	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

(Attach additional sheets, if necessary). (Be specific)
N/A

H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
,
N/A

The date of each amendment(s) ad date this document was signed.	loption: 1/26/2018	, if other than the
Effective date if applicable:		
mappicose.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
■ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	30/2018	
Signature		
(By a di selecteo	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Gregory Fox	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	