

702181

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

211-56886

DOR

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Annette
850-245-6897

December 16, 2011

Tina Roberts
Regulatory Specialist II
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter Number: 211A000025331

Dear Ms. Roberts:

Please find the corrected Articles of Amendment attached. I corrected the name of the auxiliary and corrected the spelling of the name of our president, Helen Kramer on page 1.

Should you have further questions, you can contact me at 941.889.7283 or e-mail me at peggywilbur@comcast.net.

Thank you for your help.

Peggy C. Wilbur
Vice President

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Peace River Regional Medical Center Auxiliary

DOCUMENT NUMBER: 702181

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

Please return all correspondence concerning this matter to the following:

Helen Kramer

(Name of Contact Person)

Peace River Regional Medical Center Auxiliary

(Firm/ Company)

2500 Harbor Blvd.

(Address)

Port Charlotte, FL 33952

(City/ State and Zip Code)

peggywilbur@comcast.net

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

For further information concerning this matter, please call:

Martha Stralko

(Name of Contact Person)

at (941) 629-7479

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 is
enclosed)

☐ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

HELEN KRAMER
PEACE RIVER REGIONAL MEDICAL CENTER AUXI
2500 HARBOR BLVD
PORT CHARLOTTE, FL 33952

SUBJECT: ST. JOSEPH HOSPITAL OF PORT CHARLOTTE, FLORIDA, INC.
Ref. Number: 702181

We have received your document for ST. JOSEPH HOSPITAL OF PORT CHARLOTTE, FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00025331

Articles of Amendment
to
Articles of Incorporation
of

St. Joseph Hospital of Port Charlotte, Florida, Inc.

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

702181

(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:

Peace River Regional Medical Center Auxiliary, 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)

2500 Harbor Blvd.

Port Charlotte, FL 33952

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: Helen Kramer

2500 Harbor Blvd.

(Florida street address)

New Registered Office Address:

Port Charlotte

(City)

Florida 33952

(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.

Helen Kramer
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ___ Add ___ Remove	<u>Pres</u>	<u>Helen Kramer</u>	<u>22414 Blanchard Ave..</u> <u>Port Charlotte, FL 33952</u>
2) <u>X</u> Change ___ Add ___ Remove	<u>VP</u>	<u>Peggy C. Wilbur</u>	<u>12144 SW Egret Cir. #702</u> <u>Lake Suzy, FL 34269</u>
3) ___ Change ___ Add ___ Remove	<u>Treas</u>	<u>Martha Stralko</u>	<u>1515 Lanco St.</u> <u>Port Charlotte, FL 33952</u>
4) ___ Change ___ Add <u>X</u> Remove	<u>Pres</u>	<u>Ginny Dembowski</u>	_____ _____ _____
5) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: July 1, 2011

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 December 15, 2011

Signature Helen Kramer
(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)

Helen Kramer

(Typed or printed name of person signing)

President

(Title of person signing)