

702181

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 01 2014

C. CARROTHERS

• COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BAYFRONT HEALTH PORT CHARLOTTE VOLUNTEER ASSOCIATION

DOCUMENT NUMBER: 702181

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

Please return all correspondence concerning this matter to the following:

MAATHA STRALKO  
(Name of Contact Person)

BAYFRONT HEALTH PORT CHARLOTTE  
(Firm/ Company)

2500 HARBOR BLVD  
(Address)

PORT CHARLOTTE, FL 33952  
(City/ State and Zip Code)

T.T. STRALKO@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAATHA STRALKO at (941) 629-7479  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

PEACE RIVER REGIONAL MEDICAL CENTER  
(Name of Corporation as currently filed with the Florida Dept. of State)

702181

(Document Number of Corporation (if known))

SEP 22 1981  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:**

BOYFRONT HEALTH PORT CHARLOTTE VOLUNTEER AUXILIARY  
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:

MARTHA STRALKO

2500 HARBOR BLVD

(Florida street address)

New Registered Office Address:

PORT CHARLOTTE

(City)

Florida

FL 339

(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]  
Signature of New Registered 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 of 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. If 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 C, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change Pres HELEN KRAMER 22414 BLANCHARD  
☐ Add PORT CHARLOTTE, FL 3:  
☒ Remove
- 2) ☐ Change VP JOAN HOWATH 650 ENNIS TER  
☒ Add PORT CHARLOTTE, FL  
☐ Remove
- 3) ☐ Change TRES MARTHA STRALIKO 1515 LAGO ST  
☐ Add PORT CHARLOTTE, FL  
☐ Remove
- 4) ☐ Change Secy. CAROL FITTS 2486 CARING WAY  
☒ Add PORT CHARLOTTE, FL 3:  
☐ Remove
- 5) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_
- 6) ☐ Change \_\_\_\_\_  
☐ Add \_\_\_\_\_  
☐ Remove \_\_\_\_\_

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 are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

April 1, 2014

, if other th

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

Sept 15, 2014

Signature

[Signature]

(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)

MARTHA STRALKO

(Typed or printed name of person signing)

TREASURER

(Title of person signing)