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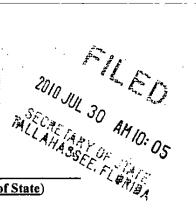
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: Boca Raton Co	mmur	ity Hos	oital, Inc.	
***	•	•			
DOCUMENT N	NUMBER: 701				
The encl	•	d for	filing.	i	
Please return all	correspondence	he f	ollowing:		
	Jerry	Fedel	9		
_	(Name of C			·	
STATE A DEFE	Boca Raton Com	munity	Hospital	, Inc.	
13	(Firm/	Compan	y)		
:	800 Mea	dows F	Road		
2	· (Ac	dress)			
•					
	Boca Raton	Florida	a 33486	-	
, ** **	(City/ State	and Zip	Code)		
- <u>-</u> -	jfedele@	Dbrch.c	com		·
	E-mail address: (to be used	ior tutur	e annual re	port notificatio	n)
For further infor	mation concerning this matter, please o	all:		•	
- - •					
Andre Susla		at (56.1	955-4200	
<u>-</u> (1)	ame of Contact Person)	_ _	(Area Co	de & Daytime	Telephone Number)
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Enclosed is a che	eck for the following amount made pay	able to t	ne riorida	Department of	State;
□\$35 Filing Fe	e ☐ \$43.75 Filing Fee &.	□ \$43	.75 Filing	Fee &	☑ \$52.50 Filing Fee
A -	Certificate of Status		ed Copy		Certificate of Status
-			ional copy	is	Certified Copy
		enclo	sea)	. :	(Additional Copy
	Mailing Address		Street Ac	Idrace	is enclosed)
	Amendment Section	- ,		ent-Section	
•	Division of Corporations	3 +		of Corporations	•
	P.O. Box 6327		Clifton B		•
-	Tallahassee, FL 32314	÷		cutive Center Ci	rele
			Tallahass	ee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Boca Raton Community Hospital, Inc.

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

704612

(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:

new name must be distinguishable and reviation "Corp." or " Inc." <u>"Company"</u>				orporated" or the
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>				
ncipal office address most be Astre	<u> </u>		 	
•			···-	_
Enter new mailing address, if applicable		•		•
(Mailing address <u>MAY BE A POST OFF</u>	TCE BOX)	<u></u>		
			,	
		·		
If amending the registered agent and/or new registered agent and/or the new reg			orida; en	ter the name of the
Name of New Registered Agent:	inter our diffice date		:	
Nume of New Registered Agent.				
New Registered Office Address:	. (Flori	da street addre	ess)	
•	• •	·- ·		, Florida (Zip Code)
		(City)		

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)

<u>Title</u>	<u>Name</u>			Address	•		Type of Action
	<u></u>		 .				☐ Add ☐ Remove
			<u>_</u>			· · · · · · · · · · · · · · · · · · ·	☐ Add
	•						☐ Add
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E. If amendi	ng or adding a	dditional Ar	ticles, ente	r change(s) h	e <u>re</u> :		
(anach dac	ditional sheets,	ij necessary).	(ве зрес	rific)			•
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The date of each amendmen	t(s) adoption: June 24, 2010
Effective date <u>if applicable</u> :	June 24, 2010 (date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_July	27, 2010
Signature _	Sem & Tidele
(B)	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Jerry Fedele
· - · · · ·	(Typed or printed name of person signing)
•	
	President
·-,	(Title of person signing)

Page 3 of 3