

712996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

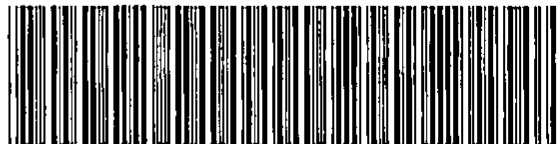
(Business Entity Name)

(Document Number)

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S. YOUNG

FEB 27 2018

S. YOUNG

FILED
FEB 27 2018
TALLAHASSEE, FLORIDA

FILED
18 FEB 27 PM 3:45
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2018

JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC.
5607 NW 27TH AVENUE STE 1
MIAMI, FL 33142

SUBJECT: JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC.
Ref. Number: 712996

We have received your document for JESSIE TRICE COMMUNITY HEALTH SYSTEM, 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):

EXHIBIT 1 CAN ONLY CONTAIN ARTICLE III. IT CANNOT BE ENTITLED ARTICLES OF AMENDMENT

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 918A00000248

RECEIVED
17 FEB 27 PM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC.

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

712996

(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:

_____ 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)

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: _____

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 of New Registered Agent, if changing

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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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

ARTICLE III

See Attached hereto as Exhibit I

November 16, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/14/2017 _____

Signature Annie R. Neasman MS RN
(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)

Annie R, Neasman, MS, RN

(Typed or printed name of person signing)

President & CEO

(Title of person signing)

ARTICLE III

The general nature of the objects and purposes of this corporation shall be to establish and operate in an economically, socially, and medically deprived area of Dade County, Florida, a Neighborhood Health Center, to provide physical and mental health maintenance to a segment of the community through comprehensive and continuing medical care. In addition to the foregoing, the corporation shall further support affordable housing and economic development in the community.

In carrying out these purposes the corporation may study problems, engage in research, employ staff, contract for services, receive funds from Governmental Agencies and private sources, coordinate activities of private and governmental agencies and individual efforts, and work in cooperation with the University of Miami School of Medicine, the Dade County Medical Association, the East Coast District Dental Society, Economic Opportunity Program, Inc. of Dade County, Metropolitan Dade County Department of Hospitals, The Dade County Department of Public Health, the Miami-Dade Junior College, and the Brownsville and Liberty City Neighborhood Center Advisory Committees.

To provide complete family medical care, preventative and curative, to all members of the family, in the poverty area to be served in accordance with eligibility requirements determined by the Board of Directors.

To provide services of a family health team consisting of a physician, nurse, and social worker; to provide dispensary; to provide for staff, and visiting consultants in various medical specialties.

To provide a dental unit, necessary professional supporting services including a laboratory, registered pharmacist, radiologist, and providing for a nutritionist; optical services and health education.

This corporation will not be limited to the specific facilities and services herein mentioned, but may provide such additional medically related services as funds and staff permit, including physiotherapy, surgery, x-rays and recovery treatment areas.

This corporation shall be authorized to do any and all acts and things to lawfully carry out the general purposes, and to provide whatever is deemed necessary and feasible in improving the health and well-being of eligible persons.

The corporation may hire personnel, purchase equipment and services, rent facilities, arrange for their renovation and maintenance, or may contract with other agencies for these functions.

The amendment was adopted by the Board of Directors and the number of votes cast for the amendment was sufficient for approval.