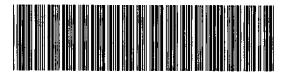
716049

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	 cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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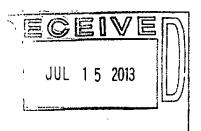
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FLORIDA DEPARTMENT OF STATE Division of Corporations



July 5, 2013

KIM NOWAKOWSKI HEALTH FIRST, INC. 6450 US HIGHWAY 1 ROCKLEDGE, FL 32955

SUBJECT: HOLMES REGIONAL MEDICAL CENTER, INC.

Ref. Number: 716049

We have received your document for HOLMES REGIONAL MEDICAL CENTER, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 913A000166001

RECEIVED 13 JUL 29 PH 4: 02

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Holmes R	Regional Medical Center, Inc.
DOCUMENT NUMBER: 716049	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Kim Nowakowski	
	(Name of Contact Person)
Health First, Inc.	
	(Firm/ Company)
6450 US Highway 1	
	(Address)
Rockledge, FL 32955	
	(City/ State and Zip Code)
•	vski@health-first.org
For further information concerning this matter, please	call:
Kim Nowakowski	321 434-4378 434-4378
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment

	to Articles of Incorporation	13.	tra
Holmos Bogional Modica	of LContor Inc	書門戸	- ¥ 1201
Holmes Regional Medica		- 72 29	14
716049	filed with the Florida Dept. of State)	TIME IN	,
	N to CO (Company)		-
(Docur	ment Number of Corporation (if known)		<u>.</u>
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Not For Profit Corporatio</i> on:	on adopts:the follow	wing
A. If amending name, enter the new name	ne of the corporation:		
	1 10 11 11 11 11 11	The r	
name must be distinguishable and contain t "Company" or "Co." may not be used in to	the word "corporation" or "incorporated" or the abbreviat he name.	ion Corp. or in	!C.
B. Enter new principal office address, if (Principal office address MUST BE A STI			
·			
G B	***		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of			
			
D. If amending the registered agent and	or registered office address in Florida, enter the name o	<u>f the</u>	
new registered agent and/or the new			
Name of New Registered Agent:			
-	(Florida street address)		
New Registered Office Address:			
	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obligations of	the position.	
	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 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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Dγ	William C. Potter, Esq.	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
2) X Change	SD '	Eugene S. Cavallucci, Esq.	6450 US Highway 1
Add			Rockledge, FL 32955
Remove 3) X Change	Ρ.,	Sean J. Gregory	1350 S. Hickory Street
Add			Melbourne, FL 32901
Remove			
4) X Change	<u>D</u> →	Pamela A. Gatto	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
5) X Change	DVC ·	Catherine A. Ford	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
6) X Change	DC	James C. Shaw	6450 US Highway 1
Add			Rockledge, FL 32955
Remove		D 0.54	

Attachment to Articles of Amendment to Articles of Incorporation of Holmes Regional Medical Center, Inc.
Document Number 716049

Type of Action		Title	Name	Address	
7)	X	Add	D	Steven P. Johnson	6450 US Highway 1
			•		Rockledge, FL 32955
8)	X	Add	D,	James Dwight	6450 US Highway 1
					Rockledge, FL 32955
9)	X	Add	D	Cathy K. Eddy	6450 US Highway 1
					Rockledge, FL 32955
10)	X	Add	D	Donald F. Hagen, M.D.	6450 US Highway 1
			~		Rockledge, FL 32955
11)	X	Add	D .	Abner T. Hollingsworth, Ph.D.	6450 US Highway 1
			`		Rockledge, FL 32955
12)	X	Add	D,	Marin W. Isenman, M.D.	6450 US Highway 1
					Rockledge, FL 32955
13)	X	Add	D	Richard McNeight	6450 US Highway 1
					Rockledge, FL 32955
14)	X	Add	D	Nicholas E. Pellegrino	6450 US Highway 1
					Rockledge, FL 32955
15)	X	Add	D	Fran U. Pickett	6450 US Highway 1
	<u> </u>		-		Rockledge, FL 32955
16)	X	Add	D	Kevin S. Pruett	6450 US Highway 1
			•		Rockledge, FL 32955
17)	X	Add	D	Bryan R. Roub	6450 US Highway 1
					Rockledge, FL 32955
18)	X	Change	DT	Kevin B. Steele	6450 US Highway 1
L		<u>.l</u>			Rockledge, FL 32955

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	 -	
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		 ·
· · · · · · · · · · · · · · · · · · ·		·
		
		 <u> </u>
		

The date of each amendment(s) adoption: May 23, 2013 date this document was signed.					
	Effective date if applicable: May 23, 2013				
		(no more than 90 days after amendment file date)			
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.			
	There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.			
	Dated Jul Signature	4 22, 2013 and & Malla			
	have not b	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
	David E.	Mathias			
	-	(Typed or printed name of person signing)			
	Assistant	Secretary			
		(Title of person signing)			