716049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.
8/2/13
DC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUL 15 2013

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: 913A00016600

RECEIVED
13 JUL 29 PM 4:02

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Holmes Regional Medical Center, Inc.

DOCUMENT NUMBER: 716049

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

Please return all correspondence concerning this matter 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)

kimberly.nowakowski@health-first.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Nowakowski at (321) 434-4378
(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:

☒ $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

Articles of Amendment
to
Articles of Incorporation
of

Holmes Regional Medical Center, Inc.

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

716049

(Document Number of Corporation (if known)

FILED
13 JUL 29 PM 5:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

_____, Florida _____
(City) *(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

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) X Change	D	William C. Potter, Esq.	6450 US Highway 1 Rockledge, FL 32955
____ Add			
____ Remove			
2) X Change	SD	Eugene S. Cavallucci, Esq.	6450 US Highway 1 Rockledge, FL 32955
____ Add			
____ Remove			
3) X Change	P	Sean J. Gregory	1350 S. Hickory Street Melbourne, FL 32901
____ Add			
____ Remove			
4) X Change	D	Pamela A. Gatto	6450 US Highway 1 Rockledge, FL 32955
____ Add			
____ Remove			
5) X Change	DVC	Catherine A. Ford	6450 US Highway 1 Rockledge, FL 32955
____ Add			
____ Remove			
6) X Change	DC	James C. Shaw	6450 US Highway 1 Rockledge, FL 32955
____ Add			
____ Remove			

PLEASE SEE ATTACHMENT

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 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 Rockledge, FL 32955

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

The date of each amendment(s) adoption: May 23, 2013, if other than the date this document was signed.

Effective date if applicable: May 23, 2013

(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 July 22, 2013

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)

David E. Mathias

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)