## 716049

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

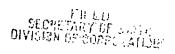
Holn NAME OF CORPORATION:	nes Regional Medical Center, Inc.		
716049 DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce		;	
Kim Nowakowski	· ·		
	(Name of Contac	t Person)	
Health First, Inc.			
	(Firm/ Comp	any)	
6450 US Highway 1			
	(Address	)	
Rockledge, FL 32955			
7766 - 1887 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 -	(City/ State and Z	Lip Code)	
kimberly.nowakowski@health-first.o	rg		
E-mail add	ress: (to be used for future annual	report notification	1)
For further information concerning thi	s matter, please call:		
Kim Nowakowski		321 at	434-4378
(Name of	Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Flori	da Department of :	State:
	75 Filing Fee & \$\Bigs\\$43.75 Filing Bette ficate of Status Certified Copy (Additional copenclosed)	Certifo oy is Certifo	O Filing Fee icate of Status ied Copy isonal Copy isosed)
Mailing Adduses		Stunet Adduses	

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



15 NOV 12 PM 12: 51

Holmes Regional Medical Center, Inc.		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
716049		
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	for Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
D. <u>If amending the registered agent and/or register</u>	ad office address in Florida	
new registered agent and/or the new registered (		i, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(I	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	stered Agent: I am familiar with and accep	ot the obligations of the position.
	Signature of New Regis	stered 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	PT John I Y Mike SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	William J. Calhoun	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
2) X Change	CEO HRMC	Sean J. Gregory	1350 S. Hickory Street
Add			Melbourne. FL 32901
Remove	0 0		
3 ) Change	CED-PBH	Aaron Robinson	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove			<del></del>
4) Change			
Add			
Remove			
5)Change	<del></del> -		
Add			
Remove			
6) Change	****		
Add			
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	0 O W W
,	

The day of the	10/1/2015	
The date of each amer date this document was		FIGURE TANY OF
	10/1/2015	HAISTUN OF CORPORATION
Effective date <u>if appli</u>	(no more than 90 days after amendment file date)	15 NOV 12 PH 12: 51
	ted in this block does not meet the applicable statutory filing requirements, thate on the Department of State's records.	nis date will not be listed as the
Adoption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s was/were sufficier	) was/were adopted by the members and the number of votes cast for the ament for approval.	endment(s)
There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) woard of directors.	vas/were
Dated Signature	Day 2015  Day 2015  (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, troother court appointed fiduciary by that fiduciary)	ustee, or
	David E. Mathias	
	(Typed or printed name of person signing)	
	Assistant Secretary	
,	(Title of person signing)	