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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Holmes Regional M	ledical Center, Inc.				
	716049					
DOCUMENT NUMBER:		·				_
The enclosed Articles of Art	mendment and fee are sub	omitted for filing.				
Please return all correspond	dence concerning this mat	ter to the following	:			
Tracy G. Cummings						
		(Name of Contact	Person)			_
Health First Shared Service	es. Inc.					
		(Firm/ Compa	any)			_
6450 US Highway I						
<u></u> :	· · · · · · · · · · · · · · · · · · ·	(Address)	-			
Rockledge, FL 32955						
		(City/ State and Zi	ip Code)		· · · · · · · · · · · · · · · · · · ·	
tracy.cummings@hf.org						
	E-mail address: (to be use	d for future annual:	report not	lification	1)	_
For further information con	cerning this matter, please	e call:				
Tracy G. Cummings			321 at		434-4182	
	(Name of Contact Person			Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made p	ayable to the Florid	la Departi	nent of	State:	
■ \$ 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A		5	Street Ad	dress		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Holmes Regional Medical Center, Inc.

2022 JAN 21 AM 11: 07

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAMASSEE, FL 716049 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A 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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Pamela A. Gatto	
x Remove			
2) Change Add	<u>D</u>	Kevin B. Steele	
X Remove 3) Change Add X Remove	D	Martin W. Isenman, M.D.	
4) Change	<u>D</u>	Larry S. Bishop, M.D.	6450 US Highway 1 Rockledge, FL 32955
Remove			
5) Change × Add	<u>D</u>	Kim K. Patrick	6450 US Highway 1 Rockledge, FL 32955
Remove			
6) Change × Add	<u>D</u>	Tamer Ahmed, M.D.	6450 US Highway 1 Rockledge, FL 32955
Remove			
E. If amending or addir (attach additional shee	ng additional Ar	rticles, enter change(s) here: (Be specific)	
N/A			
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The date of each amendment(s date this document was signed.	s) adoption:		 -	, if other than the
	0/01/2021			
Effective date <u>if applicable</u> :	(no more than 90	days after amendme	ent file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory fil		ate will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

 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 i 10 2022
Signature WWWWWWW
(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)
Nicholas W. Romanello
(Typed or printed name of person signing)
Assistant Secretary
(Title of person signing)