

729103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

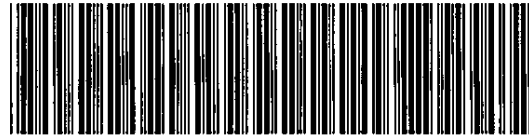
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Suncoast Hospital Staff Educational Program, Inc.

DOCUMENT NUMBER: 729103

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

Please return all correspondence concerning this matter to the following:

Fred Reilly, Esquire

(Name of Contact Person)

Reilly International Law Firm, P.A.

(Firm/ Company)

P. O. Box 2039

(Address)

Haines City, FL 33845

(City/ State and Zip Code)

fredreilly@attorney-solicitor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Reilly

(Name of Contact Person)

at (**310**) **927-3954**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
13 DEC 31 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suncoast Hospital Staff Educational Program, Inc.

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

729103

(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:

Suncoast Healthcare Educational Program, Inc.

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:

<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			_____

The date of each amendment(s) adoption: December 10, 2013, if other than the date this document was signed.

Effective date if applicable: January 1, 2014
(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 December 10, 2013

Signature X ANTHONY N OTTAVIANI
(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)

Anthony N. Ottaviani, D.O.
(Typed or printed name of person signing)

Director
(Title of person signing)

**RESOLUTION OF THE BOARD OF DIRECTORS
OF SUNCOAST HOSPITAL STAFF EDUCATION PROGRAM, INC.
(THE "CORPORATION")**

WHEREAS, the Corporation wishes to change the name of the Corporation from "Suncoast Hospital Staff Education Program, Inc." to "Suncoast Healthcare Educational Program, Inc."

WHEREAS, the Corporation wishes to notify the Florida Secretary of State and the Internal Revenue Service concerning the Corporation's name change;

NOW THEREFORE BE IT RESOLVED THAT:

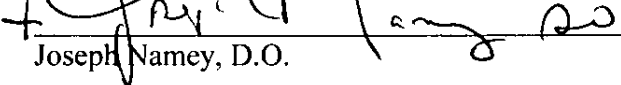
- The Board of Directors of the Corporation hereby authorizes the change of the Corporation's name from "Suncoast Hospital Staff Education Program, Inc." to "Suncoast Healthcare Educational Program, Inc." which shall take effect on January 1, 2014.

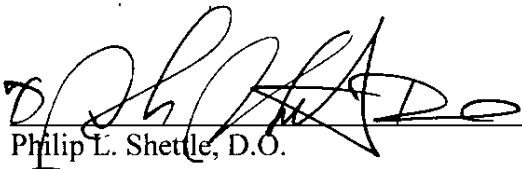
- The Corporation hereby authorizes and directs Anthony N. Ottaviani to sign and deliver to the Florida Secretary of State the Articles of Amendment changing the Corporation name to "Suncoast Healthcare Educational Program, Inc."

- The Corporation hereby authorizes and directs Anthony N. Ottaviani to file certified copies of the Florida Secretary of State's Articles of Amendment and Certificate of Status with the Internal Revenue Service when the Corporation next files its annual return.

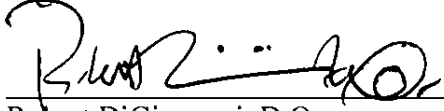
We, the undersigned, being all the Directors of the Corporation, have passed the above resolution this 18 day of DECEMBER, 2013.


Stuart Strikowsky, D.O.

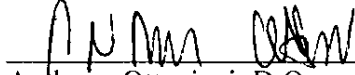

Joseph Namey, D.O.



Philip L. Shettle, D.O.



Robert DiGiovanni, D.O.



Anthony Ottaviani, D.O.



Randal Worth, D. O.