732358

(Requ	uestor's Name)
(Addr	ress)
(Addr	ress)
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Volunteer Service Auxiliary of Holly vood Medical Center FACE
DOCUMENT NUMBER: 732358
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID P. Reinmund, Dir of Vol. Services (Name of Contact Person)
MEMORIAL REGIONAL HOSPITAL SOUTH (Firm/Company)
3900 WASIHINGTON ST
Holly wood, 7/ 33021 (City/ State and Zip Code)
For further information concerning this matter, please call:
David P. Kunnund at (954) 985-5940 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status
Mailing Address -Street AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2007

DAVID P REINMUND 3600 WASHINGTON ST HOLLYWOOD, FL 33021

SUBJECT: VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD

MEDICALCENTER, INC. Ref. Number: 732358

We have received your document for VOLUNTEER SERVICE AUXILIARY OF HOLLYWOOD MEDICALCENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 607A00021161

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Articles of Amendment to Articles of Incorporation

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

13235 8

(Document number of corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not Formation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Memorial Residual Hospital South Auxiliary Toxicos (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like importing language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

The date of adoption of the amendment(s) was:
Effective date if applicable: 1-01-07
(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 was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature
(Typed or printed name of person signing)
TREASURGE. (Title of person signing)

FILING FEE: \$35