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Florida Department of State  
Division of Corporations  
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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BAPTIST HEALTH CARE FOUNDATION, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Baptist Health Care Foundation, Inc

DOCUMENT NUMBER: 733552

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

Please return all correspondence concerning this matter to the following:

Jessica C. Andrade  
(Name of Contact Person)

Baptist Health Care, Inc.  
(Firm/ Company)

125 Baptist Way, Suite 6A  
(Address)

Pensacola, Florida 32503  
(City/ State and Zip Code)

jessica.andrade@bhcfpcus.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Jessica C. Andrade at 850 908-7591  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 2023 SEP 12 AM 9:44  
 TALLAHASSEE, FL  
 FLORIDA DEPARTMENT OF STATE

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Articles of Amendment  
to  
Articles of Incorporation  
of

Baptist Health Care Foundation, Inc.

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

733552

(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:

*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)*

125 Baptist Way, Suite 6A

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

C. Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

125 Baptist Way, Suite 6A

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

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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:

Elizabeth C. Callahan

125 Baptist Way, Suite 6A

*(Florida street address)*

New Registered Office Address

Pensacola

*(City)*

Florida 32503

*(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*

*E Callahan*

*Signature of New Registered Agent, if changing*

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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Secretary</u>	<u>Jones, Robert L.</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Chairman</u>	<u>Stopp, Margaret</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Partner</u>	<u>Caddell, Pamela</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Gund, Charles F., Jr.</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Asst. Sec.</u>	<u>Callahan, Elizabeth C.</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Exec. Di</u>	<u>Gartman, K C</u>	<u>125 Baptist Way, Suite 6A</u> <u>Pensacola, Florida 32503</u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

7) Remove: Other - Naar, Gina - 1717 North F Street, Suite 320, Pensacola, FL 32501

3) Change (Address): VC - Barrow, Brett - 125 Baptist Way, Suite 6A, Pensacola, Florida 32503

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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 9/11/23

Signature *E Callahan*

(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)

Elizabeth C. Callahan  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

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2023 SEP 12 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

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