739019

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11/6/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Suncoast Community Health Centers, Inc.

DOCUMENT NUMBER: 739019

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

Please return all correspondence concerning this matter to the following:

William Dillon
(Name of Contact Person)

Messer Caparello, P.A.
(Firm/ Company)

2618 Centennial Place
(Address)

Tallahassee, FL 32308
(City/ State and Zip Code)

BOtt@suncoast-chc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Dillon at (850) 222-0720
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2014 OCT 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suncoast Community Health Centers, Inc.

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

739019

(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)

13110 Elk Mountain Dr.
Riverview, FL 33569

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13110 Elk Mountain Dr.
Riverview, FL 33569

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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Amendments to Articles II, III, VII and VIII. Specific changes are attached hereto.

The date of each amendment(s) adoption: 9-24-14, if other than the date this document was signed.

Effective date if applicable: 9-24-14

(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 10-22-2014

Signature _____

(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)

Carlos Garcia

(Typed or printed name of person signing)

Chairman of the Board

(Title of person signing)

Board approved (9/24/14) amendments to the Suncoast Community Health Center, Inc., Articles of Incorporation.

ARTICLE II – Location

The corporation shall have and continuously maintain its principal office at 13110 Elk Mountain Dr., Riverview, Florida 33569 or such other place as selected by the corporation's Board of Directors.

ARTICLE III – Purpose

The purpose of the corporation is to provide high quality, affordable and comprehensive primary health care to migratory and seasonal agricultural workers and their families and other individuals in the community residing within its service area. The corporation shall:

1. Participate in and carry out, so far as circumstances may warrant, any activity designed and carried out to promote the general health of the community.

2. Serve as a primary resource in all health facility education activities relating to rendering care to the sick and injured, or to the promotion of health, that in the judgment of the Board, may be justified by the facilities, personnel, funds and other requirements that are or can be made available.

3. Pursue such other goals as are identified by the Board to serve the community residing within its service area.

ARTICLE VII

Section 1: The business affairs of the corporation shall be managed by the Board of Directors as specified in Article VIII of these Articles. The Board of Directors shall elect officers of the corporation and these officers shall consist of a Chairman, Vice-Chairman, Treasurer and Secretary.

ARTICLE VIII

Section 1: The business affairs of this corporation shall be managed by the Board of Directors. This corporation shall have between 9 and 25 Directors as may be specified in the corporation's By-laws.