

739050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 SEP 30 AM 03 36

Amend
@ 10.8.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Collier Health Services, Inc.

DOCUMENT NUMBER: 739050

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

Please return all correspondence concerning this matter to the following:

John C. Fletcher III

(Name of Contact Person)

Collier Health Services, Inc.

(Firm/ Company)

1454 Madison Ave W

(Address)

Immokalee, FL 34142

(City/ State and Zip Code)

JFletcher@HealthcareSWFL.org

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

For further information concerning this matter, please call:

John C. Fletcher III

(Name of Contact Person)

at (239) 986-5594

(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 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

Collier Health Services, Inc.

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

739050

(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)

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

13 SEP 30 AM 10:36
FILED
CLERK OF COURT
JACKSONVILLE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Collier Health Services, Inc.

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

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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:

New Registered Office Address:

(Florida street 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

FILED
13 SEP 30 AM 10:36
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Address

6) <u> </u> Change	<u>C</u>	<u>Haris Domond</u>	<u>4690 Capri Dr.</u>
<u>X</u> Add			<u>Naples, FL 34103</u>
<u> </u> Remove			

Attachment #1

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>S</u>	<u>Elda Hernandez</u>	<u>702 8th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Lehigh Acres, FL 33972</u>
<input type="checkbox"/> Remove			

2) <u> </u> Change	<u>Vice-C</u>	<u>Mario Dorestal</u>	<u>330 Dover Pl. #101</u>
<u> X </u> Add			<u>Naples, FL 34104</u>
<u> </u> Remove			

3) ____ Change _____

____ Add _____

____ Remove _____

4) _____ Change _____
 _____ Add _____
 _____ Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

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

Effective date if applicable: Immediately
(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 9/19/2013
Signature [Signature] As Its Chairman

(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)

Haris Domond
(Typed or printed name of person signing)

Ch
(Title of person signing)