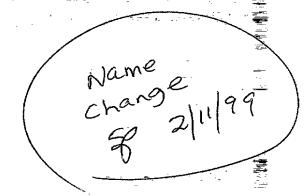
# 745062



900002773299--0 -02711/99--01002--008 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

RESEMED 99 JAN 29 AT 8: 15





#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 1, 1999

Hospice Northeast The Earl B. Hadlow Center for Caring 4266 Sunbeam Road Jacksonville, FL 32257

SUBJECT: HOSPICE OF NORTHEAST FLORIDA, INC.

Ref. Number: 745062

We have received your document for HOSPICE OF NORTHEAST FLORIDA, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne Senior Section Administrator

Letter Number: 999A00004291

FILED

# ARTICLES OF AMENDMENT to ARTICLES OF INCORPORATION

## 99 FEB II PM 2: 40

### of HOSPICE OF NORTHEAST FLORIDA, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(present name)

Pursuant t nonprofit o	o the provi	sions of section 617.1006, Florida Statu adopts the following articles of amendm	tes, the undersigned Florida ent to its articles of incorpora	ation.
FIRST:	Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)			-
		Article I		
The name of this corporation shall be Community Hospice of Northeast Florida, Inc. The principal place of business shall be located in Jacksonville, Duval County, Florida.				<del></del>
SECOND:	The date of	of adoption of the amendment(s) was:	December 21, 1998	  ■ ?-inter · .
THIRD:	Adoption of	of Amendment (CHECK ONE)	-	<del></del>
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval				 I.
	X There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board directors.			of <u> </u>
Hospice of Northeast Florida, Inc.				<u>=</u>
Community Hospice of Northeast Florida, Inc.				
Corporation Name				
Susan Border Drawsel				======================================
	·	Signature of Chairman, Vice Chairman	n, President or other officer	
		Susan Ponder-Stansel, Pr Typed or printed		<u> </u>
		Typed of printed	name	•
	President 8	& Chief Executice Officer	11/2	77/60

Title