

757 892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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2018 JAN 25 P 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB 07 2016

T. LEMIEUX

FEB 07 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capital Medical Society Foundation, Inc.

DOCUMENT NUMBER: 757892

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

Please return all correspondence concerning this matter to the following:

Pamela Irwin

(Name of Contact Person)

Capital Medical Society Foundation, Inc.

(Firm/ Company)

1204 Miccosukee Rd.

(Address)

Tallahassee, FL 32308

(City/ State and Zip Code)

pirwin@capmed.org

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

For further information concerning this matter, please call:

Pam Irwin

(Name of Contact Person)

at

850 877 9018

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|---|
| <input checked="" 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 checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2017

PAMELA IRWIN
1204 MICCOSUKEE RD
TALLAHASSEE, FL 32308

SUBJECT: CAPITAL MEDICAL SOCIETY FOUNDATION, INC.
Ref. Number: 757892

We have received your document for CAPITAL MEDICAL SOCIETY FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are wanting to change the name of the register agent you will have to add that information on the amendment form.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 317A00001672

Articles of Amendment
to
Articles of Incorporation
of

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

Capital Medical Society Foundation, Inc
(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:

Pamela Irwin

1204 Miccosukee Road Tallahassee, FL 32308

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

Pamela Irwin
Signature of New Registered Agent, if changing

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SECRETARY OF STATE

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 type="checkbox"/> Change	<u>CEO</u>	<u>Pamela Wilson</u>	<u>1204 Miccosukee Rd</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>Pamela Irwin</u>	<u>1204 Miccosukee Rd</u>
<input checked="" type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Nancy Loeffler</u>	<u>1204 Miccosukee Rd</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Barbara Williams</u>	<u>1204 Miccosukee Rd.</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Katrina Rolle</u>	<u>1204 Miccosukee Rd</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Joshua Somerset</u>	<u>1204 Miccosukee Rd.</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input checked="" type="checkbox"/> Remove			

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

Remove	D	J. Daniell Rackley	1204 Miccosukee Rd Tallahassee, FL 32308
Remove	D	Hugh VanLandingham	1204 Miccosukee Rd Tallahassee, FL 32308
ADD	D	Tereze Gamble, M.D.	1204 Miccosukee Rd. Tallahassee, FL 32308
ADD	D	Joedrecka Brown Speights, M.D.	1204 Miccosukee Rd. Tallahassee, FL 32308
ADD	D	Maribel Lockwood, M.D	1204 Miccosukee Rd. Tallahassee, FL 32308
ADD	D	David Dixon, D.O.	1204 Miccosukee Rd Tallahassee, FL 32308

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____

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)

_____ Pam Irwin
(Typed or printed name of person signing)

_____ CEO/Executive Director
(Title of person signing)