F98 0000004578

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Cf 4/1/2022

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	Senior Care Group, Inc. Name change to IECT:		, Inc.
	Name of	Corporation	
DOC	UMENT NUMBER: F98000004578		
The e	nclosed Amendment and fee are submitt	ed for filing.	
Please	e return all correspondence concerning t	his matter to the follow	ving:
Marc I	Flores		
	Name of Contact Person	 .	
ScaCo	ast Health Systems, Inc. FKA Senior Care Grou	p, Inc.	
	Firm/Company		
410 S.	Ware Blvd., Suite 1001		
	Address		
Tampa	a, FL 33619		
	City/State and Zip Code		
info@:	seniorcaregroup.com		
Í	-mail address: (to be used for future annual	report notification)	
For fi	orther information concerning this matter	r, please call:	
Miche	lle Vaughan	813 3412731	
	Name of Contact Person	at () Area Code & Daytim	e Telephone Number
Enclo	sed is a check for the following amount:		
	I \$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy i enclosed)	Certificate of Status &
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassec e Street, Suite 810



RECENTED

2022 HAR 29 PM 1: 19

SECRETAL TALLAS

STATE

March 15, 2022

MARC FLORES 410 S WARE BOULEVARD SUITE 1001 TAMPA, FL 33619

SUBJECT: SENIOR CARE GROUP, INC.

Ref. Number: F98000004578

We have received your document for SENIOR CARE GROUP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L2000116739.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 922A00006150



03/28/2022

Florida Department of State Division of Corporations Corporate Filings The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Michelle Vaughan, RN 410 S. Ware Blvd., Suite 1001 Tampa, FL 33619 Mvauhgan@seniorcaregroup.com 813-341-2731

Ref. # F98000004578 from Letter # 922A00006150

To whom it concerns:

In response to your March 15, 2002 letter, the following information has been clarified. The conflicting name of SeaCoast Health Systems, LLC has been dissolved. We wish to continue the name change of Senior Care Group, Inc. to SeaCoast Health Systems, Inc. I have attached the dissolution and the back up paperwork.

If you have any questions or concerns, please reach out to me.

Thank you for you time.

Sincerely,

Michelle Vaughan, R.S. Operations Manager

NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN

(Pursuant to s. 617.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F98000004578

- 1	Document	Number	of Corr	soration (I	If known)

(Docume)	nt Number of Corporation (If known)
Senior Care Group, Inc.	
(Name of corporation as i	it appears on the records of the Department of State)
2 Pennsylvania	3 8/11/1998
(Incorporated under laws of)	3. 8/11/1998 (Date authorized to conduct affairs in Florida)
	SECTION II
(4-8 COMPLET	E ONLY THE APPLICABLE CHANGES)
-	e corporation, when was the change effected under the laws of its
jurisdiction of incorporation? 9/16/2021	
Note: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State	's records.
5 SeaCoast Health Systems, Inc.	
(Name of corporation after the amendment, adding a if not contained in new name of the corporation. "C corporation)	suffix "corporation," or "incorporated," or appropriate abbreviation, company," or "Co" may not be used as a corporate suffix by a nonprofit
 If the amendment changes the period of due effected. 	ration, indicate new period of duration and the date the change was
(New duration)	(Date)
 If the amendment changes the jurisdiction was effected. 	of incorporation, indicate new jurisdiction and the date the change
(New jurisdiction)	(Date)
8. If the purpose which the corporation intend	ls to pursue in Florida has changed, indicate new purpose.
(The compension is nushwiged to me	rsue such purpose in the jurisdiction of its incorporation)
Attached is a certificate or document of simi 90 days prior to delivery of the application thaving custody of corporate records in the property of the second similar than the property of the second similar than the second similar than the second similar than the second secon	ilar import, evidencing the amendment, authenticated not more than to the Department of State, by the Secretary of State or other official under the laws of which it is incorporated.
if in the hands of a receiver, tr	ustee, or other court-appointed fiduciary, by that fiduciary)
Marc Flores	President (Title of nervon viguing)
(Typed or printed name of the person signing	g) (Title of person signing)

Entity# : 781042 Date Filed : 09/16/2021 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Address place	JEST 65 (0 State of the color o	wer.com	- :-		stic Corporation 15/5915 (rev. 7/2015)
City	State		_	!	TCO210916MC0875
	cument by email to:				
Kend all	instructions prior to com	ipleting. This form n	nay be s	1	
ce: \$70					
Chec	ck one: 🗀 Business Co	peration (§ 1915)	⊠ Non	profit Corporation	n (§ 5915)
	npliance with the require desiring to amend its are			ns (relating to arti	cles of amendment), the
1. The	name of the corporation	is:			
Senio	or Care Group, Inc.	·			

com	(a) address of this corpo imercial registered office implete only (a) or (b), no	provider and the co			vealth or (b) name of its
			g		County
(a) N	lumber and Street	City	State	Zip	County
(6)	Number and Street Name of Commercial Regis	tered Office Provider		Zip	County
(b) ! c/o:	Name of Commercial Regis	tered Office Provider AGENTS, INC. DA	Buphin		County
(b) N	Name of Commercial Regis NATIONAL REGISTERED	tered Office Provider AGENTS, INC. De	Buphin d: PA Non-		County
(b) N c/o: 3. The	Name of Commercial Regis NATIONAL REGISTERED Statute by or under which	tered Office Provider AGENTS, INC. Do the it was incorporate 1: 09/12/1983 (MM/DIX	Buphin d: PA Non-		County
(b) N c/o: 3. The 4. The	Name of Commercial Regis NATIONAL REGISTERED estatute by or under which date of its incorporation eck, and if appropriate co	tered Office Provider AGENTS, INC. De th it was incorporate (MM/DD/ complete, one of the fo	d: PA Non-	Profit (Non S	County
(b) N c/o: 3. The 4. The	Name of Commercial Regis NATIONAL REGISTERED estatute by or under which date of its incorporation eck, and if appropriate co	tered Office Provider AGENTS, INC. Do th it was incorporate (MM/DD/ complete, one of the for	d: PA Non-	Profit (Non S	County Lock) in the Department of State.

PA009 - 7/1/2015 Wollers KAD 2021 SEP 16 AFI 5: 3

DA DEPT OF STATE

DSCB:15-1915/5915-2

6. Check one of the following:			
The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).			
The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).			
7. Check, and if appropriate complete, one of the	following:		
The amendment adopted by the corporation, set forth in full, is as follows			
The name of the Non-Profit (Non Stock) Corp	poration is changed to: SeaCoast Health Systems, Inc.		
The amendment adopted by the corporation is part hereof.	set forth in full in Exhibit A attached hereto and made a		
8. Check if the amendment restates the Articles:			
The restated Articles of Incorporation supersede the original articles and all amendments thereto.			
	IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to		
	be signed by a duly authorized officer thereof this		
	14th day of September, 2021.		
	Senior Care Group, Inc.		
	Name of Corporation		
	Weller I		
	Signature		
	Pres, dent		
	Title		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 02/10/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

SeaCoast Health Systems, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC220210110933-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify