

N00000003059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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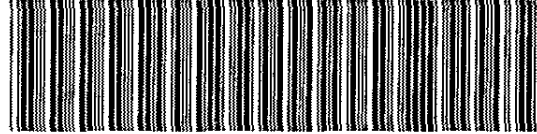
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.
C. Coulliette JAN 22 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STANLEY C MYERS COMMUNITY HEALTH CENTER FOUNDATION, INC

DOCUMENT NUMBER: N00000003059

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

Please return all correspondence concerning this matter to the following:

STANLEY B DEHART JR

(Name of Contact Person)

MIAMI BEACH COMMUNITY HEALTH CENTER, INC.

(Firm/ Company)

710 ALTON ROAD

(Address)

MIAMI BEACH FL 33139

(City/ State and Zip Code)

For further information concerning this matter, please call:

STANLEY B DEHART JR

(Name of Contact Person)

at (305) 538-8835

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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**

STANLEY C MYERS COMMUNITY HEALTH CENTER FOUNDATION, INC

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

N00000003059

(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:

NEW CORPORATE NAME (if changing):

MIAMI BEACH HEALTH FOUNDATION, INC

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

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TALLAHASSEE, FLORIDA

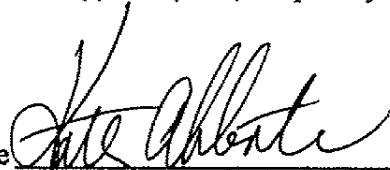
The date of adoption of the amendment(s) was: JANUARY 10, 2007

Effective date if applicable: _____
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

KATHRYN ABBATE

(Typed or printed name of person signing)

DIRECTOR - CHAIR

(Title of person signing)

FILING FEE: \$35