

N00000003059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

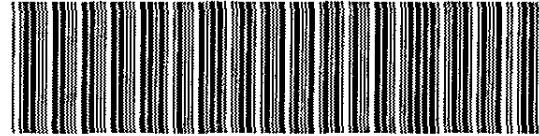
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000084189980

01/18/07--01029--035 **43.75

FILED
2007 JAN 18 AM 7:56
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:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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

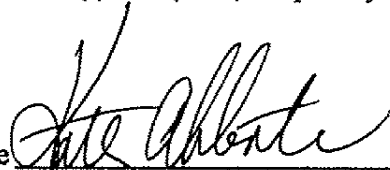
The date of adoption of the amendment(s) was: JANUARY 10, 2007

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