

N000 00006456

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(City/State/Zip/Phone #)

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11 OCT 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Health Trust, Inc.

DOCUMENT NUMBER: N00000006456

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

Please return all correspondence concerning this matter to the following:

Lenora P. Johnson

Name of Contact Person

Rozalyn H Paschal, MD Community Health Trust, Inc.

Firm/ Company

7900 NW 27th Avenue, Suite 70

Address

Miami, FL 33147

City/ State and Zip Code

noramary@live.com

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

For further information concerning this matter, please call:

Lenora M. Paschal

Name of Contact Person

at (954)

804-4038

Area Code & Daytime Telephone Number

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

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

LENORA P. JOHNSON
ROZALYN H. PASCHAL, MD COMMUNITY HEALTH
7900 NW 27TH AVE, STE 70
MIAMI, FL 33147

SUBJECT: ROZALYN H. PASCHAL MD COMMUNITY HEALTH TRUST INC.
Ref. Number: N00000006456

We have received your document for ROZALYN H. PASCHAL MD COMMUNITY HEALTH TRUST 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00020290

RECEIVED

11 OCT 28 AM 10:02

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Rozalyn H. Paschal MD Community Health Trust, Inc.

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

N0000000 6456

(Document Number of Corporation (if known))

FILED
OCT 28 AM 9:09
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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**)

7900 NW 27th Ave,

Suite 70

Miami, FL 33147

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1744 NW 192nd St

Miami Gardens, FL 33056

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:

New Registered Office Address:

(Florida street 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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres(PSTD)</u>	<u>Lenora P. Johnson</u>	<u>P.O. Box 370608</u> <u>Miami, FL 33137</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PSTD</u>	<u>Rozalyu L. Paschal</u>	<u>1744 NW 192nd St</u> <u>Miami, FL 33056</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V</u>	<u>Fletcher Paschal III</u>	<u>1744 NW 192nd St</u> <u>Miami, FL 33056</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

The date of each amendment(s) adoption: August 1, 2011
(date of adoption is required)
Effective date if applicable: August 9, 2011
(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(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 August 31, 2011

Signature Lenora P. Johnson

(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)

Lenora P. Johnson
(Typed or printed name of person signing)

President
(Title of person signing)