

NO100005873

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(Business Entity Name)

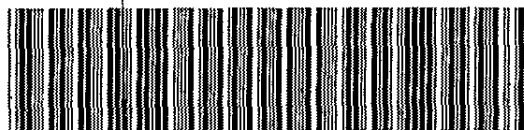
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04 AUG 12 AM 9:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

BS 8/18/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL DISASTER MEDICAL SYSTEM USPHS FL-4 INC

DOCUMENT NUMBER: N0100005873

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

Please return all correspondence concerning this matter to the following:

Garfield Jones

(Name of Contact Person)

National Disaster Medical System USPHS FL-4 INC

(Firm/ Company)

Post Office Box 5056

(Address)

Jacksonville, FL 32247-5056

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Garfield Jones

(Name of Contact Person)

at (904)

334-2452

(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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED

04 AUG 12 AM 9:12

NATIONAL DISASTER MEDICAL SYSTEM USPHS DMAT FL-4 INC

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

N0100005873

(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):

Northeast Disaster Medical Assistance Team Florida 4 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)**

Article II The Principal Place of business address: 14476 Duval Place West #203 Jacksonville, FL 32218

Article II Deleted The Principal Place of business address: 655 West 8th Street Jacksonville, FL 32209

Add The Mailing Address of the corporation: is Post Office Box 5056, Jacksonville, FL 32247-5056

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 05/18/2004

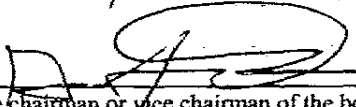
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Signed this 29 day of July, 2004

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Garfield Jones

(Typed or printed name of person signing)

Sr Vice President/ Administrative/ Finance Section Chief

(Title of person signing)

FILING FEE: \$35