N01000008018

(Requestor's Name) MAYO CLINIC Christy R. Smith, RN Transplant Center Post Liver Transplant Clinical Coordinator 4205 Belfort Road, Suite 1100 Jacksonville, Florida 32216 Phone 904-296-5859 Fax 904-296-5949 Email smith.christy@mayo.edu (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status_ Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 9, 2003

MAYO CLINIC % CHRISTY R. SMITH 4205 BELFORT RD., STE. 1100 JACKSONVILLE, FL 32216

SUBJECT: NORTHEAST FLORIDA CHAPTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY, INC.

Ref. Number: N01000008018

We have received your document for NORTHEAST FLORIDA CHAPTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

If there are NO MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

Nonprofit corporations do not have shareholders. Please remove any reference to shareholders from the document.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 103A00040734

Please find enclosed the corrections requested for the amendments to our articles of incorporation. If there is anything further required please let me know and I will try to comply as quickly as possible.

Thank you,

Christy Smith RN, BSN

President

NE FL Chapter ITNS

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