

N03000009945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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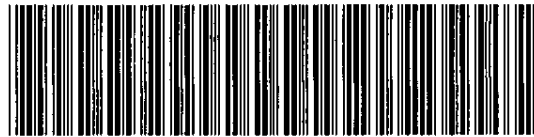
(Business Entity Name)

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2010 DEC 17 PM 1:09
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE
DEC 17 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NCHMD, Inc.

DOCUMENT NUMBER: N03000009945

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

Please return all correspondence concerning this matter to the following:

Sandy Wood
(Name of Contact Person)

NCH Healthcare System
(Firm/ Company)

350 7th Street North
(Address)

Naples, FL 34102
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Sandy Wood at (239) 513-7145
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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**

NCHMD, Inc.

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

N03000009945

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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)

_____, Florida
(City) (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 12/15/10
(date of adoption is required)

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(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 12/15/10

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)

Kevin Cooper
(Typed or printed name of person signing)

Secretary
(Title of person signing)

NCHMD, Inc.

Attachment to Articles of Amendment

Officers and Directors

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Action</u>
D./Chairman	Dr. Robert Hanson	350 7 th Street North Naples, FL 34102	Add
D./V. Chairman	Dr. David Axline	350 7 th Street North Naples, FL 34102	Add
D.	Michael Feuer	350 7 th Street North Naples, FL 34102	Add
D./CFO	Vicki Hale	350 7 th Street North Naples, FL 34102	Add
D.	Dr. Mary Ann LoMonaco	350 7 th Street North Naples, FL 34102	Add
D.	Dr. David Lindner	350 7 th Street North Naples, FL 34102	Add
D.	Dr. John Douchis	350 7 th Street North Naples, FL 34102	Add
D.	Dr. Dulce Dudley	350 7 th Street North Naples, FL 34102	Add
D.	Doreen Cassarino, ARNP	350 7 th Street North Naples, FL 34102	Add
D./S.	Kevin Cooper	350 7 th Street North Naples, FL 34102	Add
D.	Joseph Perkovich	350 7 th Street North Naples, FL 34102	Add