

Division of Corporations

N04000004819

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 585-3321
Fax Number : (904) 567-1066

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: SherheaR@gmail.com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
NORTHEAST FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATI

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Northeast Florida Medical Group Management Association, INC

DOCUMENT NUMBER: N04000004819

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

Please return all correspondence concerning this matter to the following:

Sherhea Robinson

(Name of Contact Person)

Ellison Vein Institute

(Firm/ Company)

1000 Riverside Ave, Suite 200

(Address)

Jacksonville, FL 32204

(City/ State and Zip Code)

SherheaR@gmail.com

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

For further information concerning this matter, please call:

Sherhea Robinson

904

655-8290

at

(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
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enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
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Enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

NORTHEAST FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

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

N04000004819

(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:

Healthcare Leaders Association of Northeast Florida, Inc.

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)

501 Riverside Ave

Jacksonville, FL 32202

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 551150

Jacksonville, FL 32255

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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: N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(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

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>Lynn Church</u>	<u>PO Box 551150</u> <u>Jacksonville, FL 32225</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Dina Vickers</u>	<u>PO Box 551150</u> <u>Jacksonville, FL 32225</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Sherhea Robinson</u>	<u>PO Box 551150</u> <u>Jacksonville, FL 32225</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Shannon Clark</u>	<u>PO Box 551150</u> <u>Jacksonville, FL 32225</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

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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: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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- ☒ 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 12/14/2023

Signature Sherhea Robinson
Original signed by: Sherhea Robinson
DN: cn=Sherhea Robinson, o=Sherhea Robinson, ou=Sherhea Robinson, email=sherhea@sherhearobinson.com, c=US
Date: 2023.12.14 13:02:00
Email: sherhea@sherhearobinson.com
(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)

Sherhea Robinson

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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