

1705000003491

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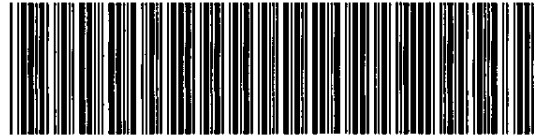
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

NOV 09 2015

T. LEMIEUX

COVER LETTER

**To: Amendment Section
Division of Corporations**

NAME OF CORPORATION: COMMUNITY HEALTH CENTER OF NORTH PORT, INC.

DOCUMENT NUMBER: N05000003491

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

Please return all correspondence concerning this matter to the following:

LINDA STONE, PH.D.
C/O 2200 RINGLING BOULEVARD.
SARASOTA, FL 34237

LINDA.STONE@FLHEALTH.GOV

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

Fro further information concerning this matter, please call:

LINDA STONE, PH.D. (941) 861-2954

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

\$35.00 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)
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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

COMMUNITY HEALTH CENTER OF NORTH PART, INC.
N05000003491

FILED
15 NOV -9 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Non-Profit Corporation* adopts the following amendments(s) the Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

COMMUNITY HEALTH CENTERS OF SARASOTA COUNTY, INC.

The new name must be distinguishable and contain the word "corporation", "company", or "incorporated" or the abbreviation "Corp.", "Inc.", or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter the new principle office address, if applicable:

N/A

C. Enter new mailing address, if applicable:

N/A

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

New registered office address: N/A, 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

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(Not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: March 5, 2015 if other than the date this document was signed.

Effective date, if applicable: _____
(No more than 90 days after amended 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 documents effective date on the Department of States' records.

Adoption of Amendment(s) (Check One)

X The amendment(s) was/were adopted by the Board Members. The number of votes cast for the amendment(s) by the Board Members was/were sufficient for approval.

_____ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided or each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval"

by the Board of Community Health Center of North Port, Inc, (voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

Dated: 11/3/2015

Signature: Maureen Coble

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

MAUREEN COBLE

(typed or printed name of person signing)

SECRETARY

(Title of the person signing)