

**N05000003751**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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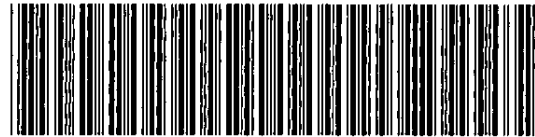
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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Anne*  
**C.COULLIETTE**

SEP 15 2011

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Safety Net Hospital Alliance of Florida, Inc.

**DOCUMENT NUMBER:** N05000003751

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

Please return all correspondence concerning this matter to the following:

E. Murray Moore, Jr.

Name of Contact Person

Pennington, Moore, Wilkinson, Bell & Dunbar, P.A.

Firm/ Company

P. O. Box 10095

Address

Tallahassee, FL 32302-2095

City/ State and Zip Code

murray@penningtonlaw.com

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

For further information concerning this matter, please call:

E. Murray Moore, Jr.

Name of Contact Person

at ( 850 )

222-3533

Area Code & Daytime Telephone Number

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

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Safety Net Hospital Alliance of Florida, Inc.

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

N05000003751

(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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TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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(attach additional sheets, if necessary). (Be specific)

Amending Article IV as follows: The Corporation may have members which meet one or more of the following criteria: (i) public hospitals; (ii) not-for-profit hospitals meeting the definition of "teaching hospital" contained in section 408.07(44), Florida Statutes; (iii) not-for-profit hospitals qualifying as specialty hospitals for children pursuant to section 409.9119, Florida Statutes; or (iv) not-for-profit hospitals that operate a regional perinatal intensive care center as defined in section 383.16(2), Florida Statutes.

The date of each amendment(s) adoption: August 5, 2011

*(date of adoption is required)*

Effective date if applicable: August 5, 2011

*(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 9/15/11

Signature Anthony P. Carvalho

(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)

Anthony Carvalho

(Typed or printed name of person signing)

President

(Title of person signing)