N05000011681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 NOV 21 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/21/18--01007--002 **35.00

18 NOV 21 AM 9:02

Amend

NOV 27 2018

I ALBRITTON

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/20 LAUREN

- ☐ **CERTIFIED COPY** _____
- **XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- **XX** **FILING** AMENDMENT

1. DISEASE MANAGEMENT NETWORK, INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2018

CORPORATE ACCESS INC.
236 EAST 6TH AVE
TALLAHASSEE, FL 32303

SUBJECT: DISEASE MANAGEMENT NETWORK, INC.
Ref. Number: N05000011681

We have received your document for DISEASE MANAGEMENT NETWORK, 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):

The document must also contain the address of the registered agent which must be at a Florida street address.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 918A00024042

Corrected

Articles of Amendment
to
Articles of Incorporation
of

FILED
2018 NOV 21 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISEASE MANAGEMENT NETWORK, INC

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

N05000011681

(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:**

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 Mark Delvaux

New Registered Office Address: 3300 Ponce de Leon Blvd
(Florida street address)

Coral Gables, Florida 33134
(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 as

Signature of New Registered Agent, if changing

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, VP 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 P/S and Mike Jones is listed as one V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as follows: John Doe, P/S as a Change; Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	P/T	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	P/CEO	Robert C. Barrett	3300 Ponce de Leon Blvd.
____ Add			Coral Gables, FL 33134
X ____ Remove			
2) ____ Change	D	Bonnie J. Chakravorty	9728 Sonya Drive
____ Add			Nashville, TN 37205
X ____ Remove			
3) ____ Change	D	Charles W. Frost	2611 Powdermill Lane
____ Add			Vienna, VA 22181
X ____ Remove			
4) ____ Change	D	Dave Pusey	3551 Harbor Way
____ Add			Fort Collins, CO 80525
X ____ Remove			
5) ___ Change	D	Marcia F. Ritchi	3300 Ponce de Leon Blvd.
X Add			Coral Gables, FL 33134
___ Remove			
6) ___ Change	D	DC Young	3300 Ponce de Leon Blvd.
X Add			Coral Gables, FL 33134
____ Remove			

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

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 be omitted 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.

☒ 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 November 20, 2018

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)

Mark Delvaux

(Typed or printed name of person signing)

President

(Title of person signing)