

Now 000007616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

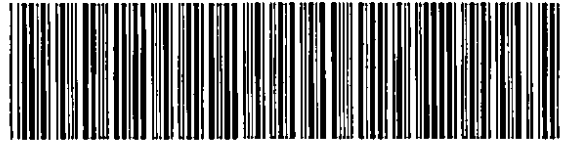
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2018 AUG 13 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

AUG 16 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TALLAHASSEE ORTHOPEDIC CLINIC FOUNDATION, INC.

DOCUMENT NUMBER: NO600057616

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

Please return all correspondence concerning this matter to the following:

KELBY TARDI

(Name of Contact Person)

TOC FOUNDATION

(Firm/ Company)

3334 CAPITAL MEDICAL BLVD

(Address)

TALLAHASSEE FL 32308

(City/ State and Zip Code)

KELBY.TARDI@TOC.COM

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

For further information concerning this matter, please call:

KELBY TARDI

(Name of Contact Person)

at

850 877-8174

(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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2018

KELBY TARDI
3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

SUBJECT: TALLAHASSEE ORTHOPEDIC CLINIC FOUNDATION, INC.
Ref. Number: N06000007616

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please list the street address of each officer/director.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00014115

RECEIVED
18 AUG 13 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Articles of Amendment
to
Articles of Incorporation
of

TALLAHASSEE ORTHOPEDIC CLINIC FOUNDATION, INC.

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

N 0600000764

(Document Number of Corporation (if known))

FILED
2018 AUG 13 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL

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:

(Florida street address)

New Registered Office 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

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 <input checked="" type="checkbox"/> Remove	<u>PRES.</u>	<u>HECTOR MEJIA</u>	<u>3334 CAPITAL MEDICAL BLVD</u> <u>SUITE 400</u> <u>TALLAHASSEE FL 32308</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRES</u>	<u>ANDREW WONG</u>	<u>3334 CAPITAL MEDICAL BLVD</u> <u>SUITE 400</u> <u>TALLAHASSEE FL 32308</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>KRIS STOWERS</u>	<u>3334 CAPITAL MEDICAL BLVD</u> <u>SUITE 400</u> <u>TALLAHASSEE FL 32308</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>MATTHEW LEE</u>	<u>3334 CAPITAL MEDICAL BLVD</u> <u>SUITE 400</u> <u>TALLAHASSEE FL 32308</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>TOM HANEY</u>	<u>3334 CAPITAL MEDICAL BLVD</u> <u>SUITE 400</u> <u>TALLAHASSEE FL 32308</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

[illegible]

The date of each amendment(s) adoption: JUNE 14, 2018, 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.
- ☐ 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 JUNE 14, 2018

Signature Andrew Wong
(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)

ANDREW WONG
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)