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November 25, 2009

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

To Whom It May Concern:

Please send the certified copy of our amended articles of incorporation to the IRS using the enclosed FedEx Airbill.

Sincerely,

GREATIER OCALA HEALTH INFORMATION TRUST, INC.

Robert W. Holloran, Vice Chair

Attachment: FedEx US Airbill 8574 8263 6320

. COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GREATER OC	CALA HEALTH INFORM	ATION TRUST, IN
DOCUMENT NUM	BER: <u>N0700006276</u>		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		ert Holloran Contact Person)	
	Greater Ocala Hea	alth Information Trust, Inc.	
		n/ Company)	
		Box 2044	
	(Address)	
		L 34478-2044	
	(City/ Sta	te and Zip Code)	
	bobholloran E-mail address: (to be use	@healthyocala.org ed for future annual report notifica	tion)
For further information	on concerning this matter, pleas	e call:	
Robert Holloran	10	at (352) 895-3336	
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or 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)
Mail	ing Address	Street Address	,

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Greater Ocala Health Information Trust, Inc.

N07000006276

Articles of Incorpo	oration ~~		
of	x 5x 10, 17/10/2		
Greater Ocala Health Informa	tion Trust, Inc. ార్డ్ స్ట్రాన్ క్రాన్స్ కో		
(Name of Corporation as currently filed with	the Florida Dept. of State		
N07000006276	tion Trust, Inc. the Florida Dept. of State) tion (if known)		
(Document Number of Corporat	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	V., 2		
A. If amending name, enter the new name of the corporation	on:		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no			
B. Enter new principal office address, if applicable:	Greater Ocala Health Information Trust, Inc.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	6041 SW 54th Street Suite 100		
	Ocala, FL 34474		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Greater Ocala Health Information Trrust, Inc		
	P.O. Box 2044		
	Ocala FL 34478-2044		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad			
Name of New Registered Agent:			
New Registered Office Address: (Flor	rida street address)		
	(City), Florida(Zip Code)		
New Registered Agent's Signature, if changing Registered A	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

<u>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:</u>

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗖 Add
		<u> </u>	☐ Remove
		-	
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			##F9
(attach	additional sheets, if necessary		
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			<u>, 1148</u> ,

The date of each amendment	(s) adoption: November 25, 2009
	(date of adoption is required)
Effective date if applicable:	November 25, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Robert W. Holloran (Typed or printed name of person signing)
	Vice Chair (Title of person signing)

Amendment to the Greater Ocala Health Information Trust, Inc. Articles of Incorporation

Replace the text of ARTICLE III: PURPOSE with the following:

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

More specifically, the corporation is organized, to provide community benefits by promoting health through improving the safety, quality, accessibility, availability, and efficiency of health care for all persons through the support of, education and research involving, and the use of information technology, and any other activities and programs incidental to, supportive of, and/or in the furtherance of, the advancement of, the education and scientific purposes of the corporation.

In Article VI: LIMITATIONS OF CORPORATE POWERS replace the last sentence with the following:

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation, exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (ii) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

In ARTICLE VII DISSOLUTION replace "501(c)(4)" with "501(c)(3)".