

NO70000007218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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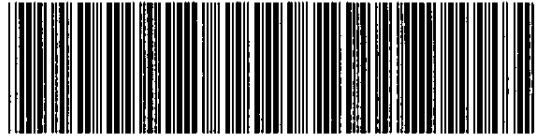
(Business Entity Name)

(Document Number)

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*Amend*

02/16/09--01026--009 \*\*43.75

2009 FEB 16 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*for  
2/18/09*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TRI-COUNTY HEALTH ALLIANCE, INC.

DOCUMENT NUMBER: N07000007218

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

Please return all correspondence concerning this matter to the following:

GREGORY V. BEAUCHAMP

(Name of Contact Person)

GREGORY V. BEAUCHAMP, P.A.

(Firm/ Company)

P. O. Box 1129

(Address)

Chiefland, FL 32644

(City/ State and Zip Code)

For further information concerning this matter, please call:

GREGORY V. BEAUCHAMP

(Name of Contact Person)

at ( 352 ) 493-1458

(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

FILED  
2009 FEB 16 PM 14:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2009 FEB 16 PM 4:40

TRI-COUNTY HEALTH ALLIANCE, INC. SECRETARY OF STATE  
(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA

N07000007218

(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*

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

ARTICLE FOUR is amended to add new subsection:

D. The organization is organized exclusively for charitable, religious, educational  
 \_\_\_\_\_  
 \_\_\_\_\_ and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or  
 \_\_\_\_\_  
 \_\_\_\_\_ corresponding section of any future federal tax code.

NEW:

ARTICLE FIFTEEN is added:

#### ARTICLE FIFTEEN (DISSOLUTION)

Upon the dissolution of this organization, assets shall be distributed for one or more  
 \_\_\_\_\_  
 \_\_\_\_\_ exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue  
 \_\_\_\_\_  
 \_\_\_\_\_ Code or corresponding section of any future federal tax code, or shall be  
 \_\_\_\_\_  
 \_\_\_\_\_ distributed to the federal government, or to a state or local government, for a public  
 \_\_\_\_\_  
 \_\_\_\_\_ purpose.

The date of each amendment(s) adoption: \_\_\_\_\_

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) ~~xxx~~ were adopted by the members and the number of votes cast for the amendment(s) ~~xx~~ 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 February 12, 2009

Signature Jesse Lipnick, MD - President TCHA

(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)

JESSE LIPNICK, MD  
(Typed or printed name of person signing)

PRESIDENT TRI COUNTY  
(Title of person signing)

HEALTH ALLIANCE