

N07000011903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03/31/09--01003--028 **43.75

FILED
09 MAR 27 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Trevino
4-1-09*



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

March 25, 2009

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: N07000011903

Dear Sir:

The New River Community Health Care, Inc. would like to amend the Articles of Incorporation to be in compliance with the federal regulations related to filing for non profit status. We are enclosing the amendment. We have also amended the officers that were elected at our most recent meeting.

If you have any questions, please contact me at 904-964-7732 x 131. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Winifred M. Holland". The signature is fluid and cursive.

Winifred M. Holland, MPH, MA
Administrator
Registered Agent

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New River Community Health Care, Inc.

DOCUMENT NUMBER: N07000011903

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

Please return all correspondence concerning this matter to the following:

Winifred M. Holland

(Name of Contact Person)

New River Community Health Care, Inc.

(Firm/ Company)

1801 North Temple Avenue

(Address)

Starke, Florida 32091

(City/ State and Zip Code)

For further information concerning this matter, please call:

Winifred M. Holland

(Name of Contact Person)

at (904) 964-7732 x 131

(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

FILED
09 MAR 27 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New River Community Health Care, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N07000011903

(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)

(City)

, Florida

(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>
<u>Chair</u>	<u>Steven Denmark</u>	<u>434 West Call Street</u> <u>Starke, Florida 32091</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Chair</u>	<u>Amy Davis</u>	<u>P. O. Box 120</u> <u>Hampton, Florida 32044</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secy</u>	<u>Rosa Thomas</u>	<u>1205 Larry Street</u> <u>Starke, Florida 32091</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III: The specific purpose for which this corporation is organized is 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. The specific purpose is to provide primary health care to uninsured
individuals in Bradford County and surrounding areas.

Upon the dissolution of the 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. Any such
assets not disposed of shall be disposed of by the Court of Common Pleas of the
county in which the principal office of the organization is then located, exclusively for
such purposes or to such organization or organizations, as said Court shall determine,
which are organized and operated exclusively for such purposes.

The elected officers for New River Community Health Care, Inc.

Title	Name	Address	Type of Action
Secretary	Jerry Williams	P. O. Box 1086 Starke, Florida 32091	X Add

The date of each amendment(s) adoption: 3/25/09

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

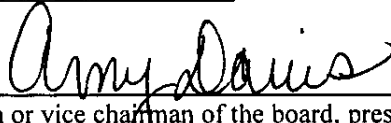
(CHECK ONE)

☐ 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 3/25/09

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)

Amy Davis

(Typed or printed name of person signing)

Chair

(Title of person signing)