

ND8000003300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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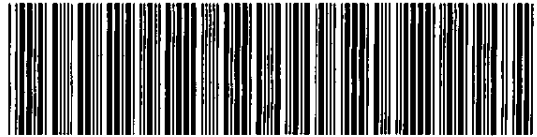
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -3 AM 9:40

Anwend
@ 3/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Providence Community Health Center, Inc

DOCUMENT NUMBER: 26-2329665

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

Please return all correspondence concerning this matter to the following:

Willy Noel

(Name of Contact Person)

Providence Community Health Center, Inc

(Firm/ Company)

2299 Rock Drive

(Address)

Kissimmee Florida, 34759

(City/ State and Zip Code)

For further information concerning this matter, please call:

Willy Noel

(Name of Contact Person)

at (954) 461-5981

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

February 18, 2009

WILLY NOEL
PROVIDENCE COMMUNITY HEALTH CENTER INC.
2299 ROCKD DRIVE
KISSIMMEE, FL 34759

SUBJECT: PROVIDENCE COMMUNITY HEALTH CENTER, INC.
Ref. Number: N08000003306

We have received your document for PROVIDENCE COMMUNITY HEALTH CENTER, 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 have original signatures.

You failed to sign the form.

Please list the title(s) of each officer in your document.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 709A00005822

**Articles of Amendment
to
Articles of Incorporation
of**

Providence Community Health Center, Inc

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

26-2329665

1108000003304
(Document number of corporation (if known))

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 MAR -3 AM 9:40

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:

NEW CORPORATE NAME (if changing):

Georcinvil Edouard, Irene Noel

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

"Notwithstanding any other provision of these articles, the corporation shall not carry
on any other activities not permitted to be carried on (a) by a corporation exempt
from Federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1986
(or the corresponding provision of any future United States Internal Revenue
Law) or (b) by a corporation contributions to which are deductible under section
170(c) (2) of the Internal Revenue Code of 1996 (or the corresponding provision
of any future United States Internal Revenue Law)."

" Upon winding up and dissolution of this corporation, after paying or adequately
providing for the debts and obligation or corporation, the remaining assets
shall be distributed to a non-profit fund, foundation, or corporation which
is organized and operated exclusively for charitable, educational, religious,
and or scientific purposes and which has established its tax exempt status
under section 501 (c) (3) of the Internal Revenue Code."

(Attach additional pages if necessary)

(continued)

Please add the following directors

Georcinvil Edouard: Function, **Assistant Treasurer**
Address: 725 North East 179 Terrace
Miami Beach Florida, 33162

Irene Noel: Function, **Assistant Secretary**
Address: 2299 Rock Dr. Kissimmee
Florida, 34759

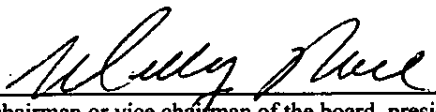
* Add FEI - 26-2329645

The date of adoption of the amendment(s) was: February 3, 2009

Effective date if applicable: February 7, 2009
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Willy Noel

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35