

N09000000000214

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13 JUL 17 PM 11:21

Amend
@ 7/18/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Viera Hospital, Inc.

DOCUMENT NUMBER: N09000000214

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

Please return all correspondence concerning this matter to the following:

Kim Nowakowski

(Name of Contact Person)

Health First, Inc.

(Firm/ Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City/ State and Zip Code)

kimberly.nowakowski@health-first.org

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

For further information concerning this matter, please call:

Kim Nowakowski

(Name of Contact Person)

at (321) 434-4378

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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

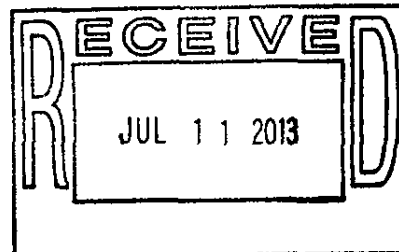


FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2013

KIM NOWAKOWSKI
HEALTH FIRST, INC.
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

SUBJECT: VIERA HOSPITAL, INC.
Ref. Number: N09000000214



We have received your document for VIERA HOSPITAL, 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 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 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 113A00016505

RECEIVED
13 JUL 17 AM 8:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 17 11:27

Viera Hospital, Inc.

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

N09000000214

(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: _____

(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 checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>Pamela A. Gatto</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>Abner T. Hollingsworth, Ph.D.</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>Brian J Bussen</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
4) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>Steven P. Johnson</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>DS</u>	<u>Eugene S. Cavallucci, Esq.</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>
6) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>DT</u>	<u>Kevin B. Steele</u>	<u>6450 US Highway 1</u> <u>Rockledge, FL 32955</u>

PLEASE SEE ATTACHMENT

Attachment to Articles of Amendment to Articles of Incorporation of Viera Hospital, Inc.
Document Number N09000000214

Type of Action			Title	Name	Address
7)	X	Add	D	James Dwight	6450 US Highway 1 Rockledge, FL 32955
8)	X	Add	D	Cathy K. Eddy	6450 US Highway 1 Rockledge, FL 32955
9)	X	Add	D	Donald F. Hagen, M.D.	6450 US Highway 1 Rockledge, FL 32955
10)	X	Add	D	Martin W. Isenman, M.D.	6450 US Highway 1 Rockledge, FL 32955
11)	X	Add	D	Richard McNeight	6450 US Highway 1 Rockledge, FL 32955
12)	X	Add	D	Nicholas E. Pellegrino	6450 US Highway 1 Rockledge, FL 32955
13)	X	Add	D	Fran U. Pickett	6450 US Highway 1 Rockledge, FL 32955
14)	X	Add	D	William C. Potter, Esq.	6450 US Highway 1 Rockledge, FL 32955
15)	X	Add	D	Kevin S. Pruett	6450 US Highway 1 Rockledge, FL 32955
16)	X	Add	D	Bryan R. Roub	6450 US Highway 1 Rockledge, FL 32955
17)	X	Add	DC	James C. Shaw	6450 US Highway 1 Rockledge, FL 32955
18)	X	Add	DVC	Catherine A. Ford	6450 US Highway 1 Rockledge, FL 32955

[illegible]

The date of each amendment(s) adoption: May 23, 2013, if other than the date this document was signed.

Effective date if applicable: May 23, 2013
(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 July 12, 2013

Signature David E. Mathias

(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)

David E. Mathias

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)