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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

SEP 23-2015

COVER LETTER

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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations		4
NAME OF CORPORATION: Viera Hos	spital, Inc.	
DOCUMENT NUMBER: NO900000		
The enclosed Articles of Amendment and fee are subn		
Please return all correspondence concerning this matte	r to the following:	
Kim Nowakowski		
	(Name of Contact Persor	n)
Health First, Inc.		
	(Firm/ Company)	
6450 US Highway 1		
	(Address)	
Rockledge FL 32955		
	(City/ State and Zip Code	e)
kimberly.nowako		
E-mail address: (to be used	for luture annual report	notification)
For further information concerning this matter, please	call:	
Kim Nowakowski	_{at} 321	,434-4378
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address ment Section
Division of Corporations	Divisio	on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building executive Center Circle

Articles of Amendment to Articles of Incorporation of

Viera Hospital, Inc.		
(Name of Corporation as currently filed	with the Florida Dept. of State)	
N09000000214		
(Document l	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts t	he following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the wa "Company" or "Co." may not be used in the na	ord "corporation" or "incorporated" or the abbreviation "Corp. ame.	" or "Inc."
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		<u> </u>
D. If amending the registered agent and/or re new registered agent and/or the new regist	egistered office address in Florida, enter the name of the stered office address:	14 SE SECRE TALLAH
Name of New Registered Agent:		P 15 FARY FASSEI
New Registered Office Address:	(Florida street address)	PM 3: 03 OF STATE E. FLORID.
	, Florida	
	(City) (Zip Co	rde)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	ig Registered Agent: gent. I am familiar with and accept the obligations of the positio	н.
Sign	nature 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: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	William Calhoun	8745 N. Wickham Road
X			Melbourne, FL 32940
Remove			
2) X Change	<u>V</u>	James Stuart Mitchell III	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			***************************************
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
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If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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	ARREST CONTRACTOR OF THE PROPERTY OF THE PROPE	

The date of each amendment(s) adoption: OCIODEI 1, 2014	, if other than the
date this document was signed. Effective date if applicable: October 1, 2014	_
(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 September 2, 2014	
-Signature Con E Math	
(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)	