## N0900000014

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## **COVER LETTER** .

TO: Amendment Section
Division of Corporations

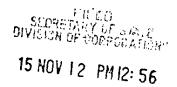
NAME OF CORPORATION	Viera Hospital, Inc.			
	9000000214			
DOCUMENT NUMBER:				
The enclosed Articles of Amen	dment and fee are submi	tted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
Kim Nowakowski				
	C	Name of Contact Pe	rson)	
Health First, Inc.				
		(Firm/ Company	)	
6450 US Highway 1				
		(Address)		
Rockledge, FL 32955				
	((	City/ State and Zip (	Code)	-
kimberly.nowakowski@health	-first.org			
E-m	ail address: (to be used f	or future annual rep	ort notification	)
For further information concern	ning this matter, please ca	all:		
Kim Nowakowski		at	321	434-4378
(N	ame of Contact Person)	<del></del>		(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	able to the Florida [	Department of S	State:
■ \$35 Filing Fee 【	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

**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



Viera Hospital, Inc.

(Name of Corporation as c	currently filed with the Florida Dept. of State)
N0900000214	,
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
	The ne
name must be distinguishable and contain the word "co <u>"Company" or "Co." may not be used in the name</u> .	prporation" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	O
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
	HIC Address:
Name of New Registered Agent:	
<del></del>	(Florida street address)
New Registered Office Address:	[1 HAMIL 30 CC BREAKESS)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: 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:  X Change X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	William J. Calhoun	6450 US Highway I
Add			Rockledge, FL 32955
X Remove			
2) Change	CEO	Aaron Robinson	6450 US Highway I
X Add			Rockledge, FL 32955
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
		,			
					<del></del>
				<u></u>	
VII					
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		<del></del>	·-··		<del> </del>

	10/1/2015	
The date of each amendment(s) ado	ption:	if other than the
late this document was signed.		DIVISION OF SAME
10/1/2	2015	W WORPCHATTON
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 NOV 12 PM 12: 56
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, artment of State's records.	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the ar	mendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) is.	was/were
Dated	2015	
Signature	Dond 9 Water	
have not been	nan or vice chairman of the board, president or other officern is selected, by an incorporator – if in the hands of a receiver, ppointed fiduciary by that fiduciary)	
David E. I	Mathias	
	(Typed or printed name of person signing)	
Assistant	Secretary .	
<del></del>	(Title of person signing)	<del></del>