

ND90000009495

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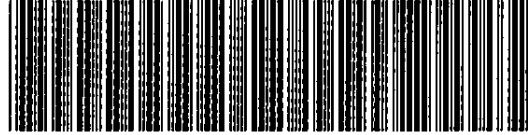
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 9-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAINT LUKE'S COPTIC MEDICAL CENTER, INC

DOCUMENT NUMBER: N09000009495

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

Please return all correspondence concerning this matter to the following:

EHAB S. AZER

(Name of Contact Person)

EHAB AZER, CPA

(Firm/ Company)

2872 HAZEL GROVE LN

(Address)

OVIEDO, FL 32766

(City/ State and Zip Code)

ehab_azer@yahoo.com

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

For further information concerning this matter, please call:

EHAB AZER, CPA

(Name of Contact Person)

at (407) 375.3422

(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

SAINT LUKE'S COPTIC MEDICAL CENTER, INC.

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

N09000009495

(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)

2872 HAZEL GROVE LN

OVIEDO, FL 32766

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)

_____, 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

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TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

Page 2 of 3

**Articles Of amendment
To
Articles of Incorporation
Of
St. Luke's Coptic Medical Center, Inc.
(A Non-Profit charitable Corporation without members)**

Below are items added to Articles III and IV.

III.(old)

Saint Lukes Medical Center is devoted to ensure that members of our community are able to access needed medical care, regardless of what they can afford to pay, ot their race, color, religion, sex, or age.

III.(new)

Saint Lukes Medical Center is devoted to ensure that members of our community are able to access needed medical care, regardless of what they can afford to pay, ot their race, color, religion, sex, or age.

The Corporation is a charitable corporation and not organized for the private gain of any person. It is organized and operated exclusively for the charitable medical services for individual who met the eligibility requirement per the rules and regulations of the Florida Department of Health for the volunteer health service program, and the charitable purpose within the meaning of section 501 (c) (3) of the internal revenue code.


IV.(old)

As provided for in the bylaws.

IV.(new)

The Corporation will be governed by a Board of Trustees consisting of no less than three members, as provided for in the bylaws.

The Property of this Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this Corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the Corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this Corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code.

A handwritten signature, possibly reading 'MS', is written in dark ink. It is positioned above a long, horizontal, slightly wavy line that spans across the lower-left portion of the page.

The date of each amendment(s) adoption: 08/22/2011

(date of adoption is required)

Effective date if applicable: 08/22/2011

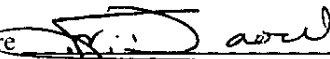
(no more than 90 days after amendment file date)

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 08/22/2011

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)

Fr. Daoud Tawadrous

(Typed or printed name of person signing)

Priest / D

(Title of person signing)