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TALLAHASSEE, FLORIBA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Faith Hospital,	, Inc.	
DOCUMENT NUMBER: N09000011518		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Claudette C. Cheristin		
(Name of	Contact Person)	
(Firm	n/ Company)	
357 Hawthorne Hills Place 102		
()	Address)	
Orlando, FL 32835	te and Zip Code)	
For further information concerning this matter, p	·	
Claudette Cheristin (Name of Contact Person)	at (<u>407</u>) <u>758-425</u> (Area Code & Daytime	
Enclosed is a check for the following amount ma	•	·
\$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 Ci	rele

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of				
Faith Hospital Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	. 0			
N09000011518 (Document Number of Corporation (if known)				
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corp</i> the following amendment(s) to its Articles of Incorporation:	ooration adopts			
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and contain the word "corporation" or "incorporated abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	" or the			
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)	SECRETARY OF TALLAHASSEE, FI			
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the			
Name of New Registered Agent:				
New Registered Office Address: (Florida street address)				
(City) , Florida (Zip	a 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 obl position.	igations of the			

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)

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article IX- The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office. 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 dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 12/10/2009				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated{3	10/09			
Signature	Clampida illa			
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)			
	Claudette Cheristin			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			