N10000005117

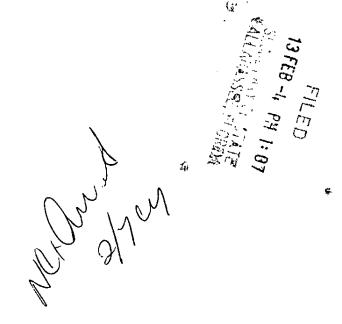
(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=,
(Document Number)
(Bosanicia Nambor)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700244203367

02/04/13--01040--003 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Patient Assistanc	e Foundation of Flor	ida Oncology Associates, Inc.
DOCUMENT NUMBER:N10000051	17	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Whitney Colburn		
	(Name of Contact Persor	n)
·		•
<u> </u>	(Firm/ Company)	
9143 Philips Hwy, Suite 560)	
· · · · · · · · · · · · · · · · · · ·	(Address)	
Jacksonville, FL 32256		
	(City/ State and Zip Code	e)
whitney.colburn@ca	ancerspeciali	stsnf.com
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Whitney Colburn	904	363-7458 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	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 \$\sum \\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle

Articles of Amendment to Articles of Incorporation of

Patient Assistance Foundation of Florida Oncology Associates, Inc

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N10000005117	•
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
Patient Assistance Foundation of Cancer	r Specialists of North Florida, Inc.
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A Fig. 13
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	3 4 7
	,
D. If any adding the surjectured areas of surjectured affiliation of the surjecture	Advanta Clarida and Aban and Caba
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent:	
name of new registered rigen.	
	(Florida street address)
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
	
Signature of New Regis	stered Agent, if changing .

Page 1 of 4

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 Doc 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>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Meredith Harlow	9143 Philips Hwy
X Add			Suite 560
Remove			Jacksonville, FL 32256
2) Change	S	Michelle Krawczyk	11157 Turnbridge Dr
Add			Jacksonville, FL 32256
X Remove			
3) Change			
Add			
Remove		,	·
4) Change			
Add			
Remove			
5) Change			
Add		_	
Remove			
0 0	,		•
6) Change		P47	
Add	•		
Remove			•

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		•	
N/A				
		·		
	,			
			•	
				<u>-</u>
•				
				,
,				·
				<u>. </u>
		,		

The date of each ame	ndment(s)-adoption: 1-28-2013
Effective date <u>if appli</u>	cable: Upon Filing
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendm	ent(s) (CHECK ONE)
☐ The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.
There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated Signature	1-29-2013 Bith B Pan
	(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)
Ве	th Page
	(Typed or printed name of person signing)
Pre	esident
	(Title of person signing)