

N110000008006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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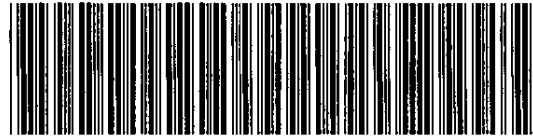
(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 2:55

Amend

MAR - 8 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Indian River County Medical Society Foundation, Inc.

DOCUMENT NUMBER: N11000008006

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

Please return all correspondence concerning this matter to the following:

Shelley R. Stuvén

(Name of Contact Person)

Indian River County Medical Society Foundation, Inc.

(Firm/ Company)

1062 Phelps Street

(Address)

Sebastian, FL 32958

(City/ State and Zip Code)

ircdocs@bellsouth.net

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

For further information concerning this matter, please call:

Shelley R Stuvén

(Name of Contact Person)

at (772) 562-0123

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 2:55

Indian River County Medical Society Foundation, Inc.

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

N11000008006

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Indian River County Medical Society, Inc.

1062 Phelps Street

(Florida street address)

New Registered Office Address:

Sebastian

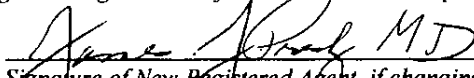
(City)

, Florida 32958

(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
Pres. Indian River County Medical Society Inc.
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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Nancy Baker, MD</u>	<u>501 Honeysuckle Lane</u> <u>Vero Beach, Fl 32960</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>James Presley, MD</u>	<u>1000 37th Place, Ste 105</u> <u>Vero Beach, Fl 32960</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Emanuel Balkin</u>	<u>10600 Fife Avenue</u> <u>Vero Beach, Fl 32963</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Charles Mackett, III, MD</u>	<u>1000 36th Street</u> <u>Vero Beach, Fl 32960</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Miranda Hawker, MPH</u>	<u>1900 27th Street</u> <u>Vero Beach, Fl 32960</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Michael Weiss</u>	<u>436 12th Place, SE</u> <u>Vero Beach, Fl 32962</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The following Articles have been re-numbered; there are no changes
in the title of the articles or the language contained therein:

1. "Powers" Article IV - changed to Article VII
2. "Term of Corporate Existence" Article VIII - changed to Article IX
3. "Officers" Article IX - is changed to Article X
4. "Incorporator" Article XII - is changed to Article VI
5. "Indemnification of Members Directors or Officers" Article XI - changed to Article XII
6. "Bylaws" Article XII - is changed to Article XIII
7. "Amendment to Articles of Incorporation" Article XIII - changed to Article XIV

The following Articles contain changes:

8. Article V, reflects change in the registered agent from Shelley Stiven to
Indian River County Medical Society, Inc. Change previously filed with the Dept. of Corporations
9. Article previously labeled Article VI - "Members" has been deleted from
the Articles of Incorporation. Members are defined in bylaws.
10. Article XI - "Initial Officers"(previously numbered X) reflects changes in officers.
11. Article IV - "Directors" (previously numbered XI) has been amended to describe maximum and minimum
requirements only. Specific information about initial directors has been struck. (Specifics included in bylaws).

The date of each amendment(s) adoption: 1/28/13

Effective date if applicable: _____
(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 1/28/13
Signature Dennis F. Saver

(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)

Dennis F. Saver, M.D.
(Typed or printed name of person signing)

President
(Title of person signing)