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(Re	equestor's Name)	,
(Ad	idress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	·





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OCT 18 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Wests	side Samarita	ans Clinic Inc.
DOCUMENT NUMBER: N12000	000613	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Roy Klossner		
	(Name of Contact Person	1)
Westside Samaritar	ns Clinic Inc.	
	(Firm/ Company)	·
10000 W. Newberry	y Rd.	
	(Address)	
Gainesville, FL 326	06	
	(City/ State and Zip Cod	e)
rklossner@w		
E-mail address: (to be	e used for future annual report	notification)
For further information concerning this matter, p	olease call:	
Roy Klossner	_{at} 352	333-7700 x115
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing For Certificate of St	cee & \$\sumsymbol{\text{\$\subset}}\$\$\$ \$43.75 \text{ 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	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISION OF CO	EO Y OF
12 OCT 18 H	ORPORATIONS
70 /	⁹ 4 4: 10

	of	*** 1 / Q	Δ.
Westside Samaritans Clinic Inc).	907.18	PH
(Name of Corporation as currently filed with the F	Florida Dept. of State)		_
N12000000613			
(Document Number of Corp	oration (if known)		_
result to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Pi</i>	rofit Corporation adopts the	follow
If amending name, enter the new name of the corpor	ration:		
ame must be distinguishable and contain the word "corport Company" or "Co." may not be used in the name.	ration" or "incorporated" o	r the abbreviation "Corp."	_The r or "In
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES.	<u>N/A</u>		_
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		- -
. If amending the registered agent and/or registered of	ffice address in Florida, ent	er the name of the	- -
new registered agent and/or the new registered office		or the mine of the	
Name of New Registered Agent: N/A		 	
ew Registered Office Address:	(Florida street address)	<u></u>	
			
		, Florida	

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Cara Clark	9634 NW 4th Place
X Add			Gainesville, FL 32607
2) Change	D	Rebecca Griffin	1505 Fort Clarke Blvd #2308
X Add			Gainesville, FL 32606
Remove 3) Change	D	Kim Johnson	941 NW 118th Terr
XAdd			Gainesville, FL 32606
Remove 4) Change	<u>D</u>	Marcia Medlin	4501 NW 13th AVE
X_Add			Gainesville, FL 32605
Remove 5) Change	D	Brandon Sasser	701 SW 62nd Blvd. #N95
X			Gainesville, FL 32607
Remove			
6) Change	***************************************		
Add			-
Remove			

Ε.	If amending or adding additional Artic	cles, enter change(s) here
	(attach additional sheets, if necessary).	(Be specific)

Article VI

No part of the net earnings of the organization shall inure to the benefits of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the above paragraph. Notwithstanding any other provision of these Articles, the organization shall not carry on any other activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future tax code.

Article VII

Upon the dissolution of the organization, 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 to a state or local government, for a public purpose.

The date of each amendment(s) adoption: 10/8/12		
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	option 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 10/8/12 Signature 27	
	(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)	
	Roy Klossner	
	(Typed or printed name of person signing)	
	President, Westside Samaritans Clinic, Inc.	
	(Title of person signing)	