

N12000011194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

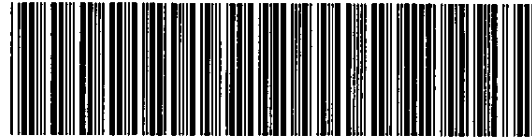
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY -6 PM 1:08

APPROVED
AND
FILED

C. LEWIS
MAY 16 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Samaritan Health and Wellness Center, Inc.

DOCUMENT NUMBER: N12000011194

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

Please return all correspondence concerning this matter to the following:

Susan K. Hook

(Name of Contact Person)

(Firm/ Company)

2210 SW 22 Terrace

(Address)

Cape Coral Florida 33991

(City/ State and Zip Code)

shookarnp@yahoo.com

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

For further information concerning this matter, please call:

Susan K. Hook

(Name of Contact Person)

at (239) 283-3184

(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

APPROVED
AND
FILED

14 MAY -6 PM 1:08

Articles of Amendment
to
Articles of Incorporation
of

Samaritan Health and Wellness Center, Inc.

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

NI2000011194

(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)

2210 SW 22 Terrace
Cape Coral, Florida 33991

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2210 SW 22 Terrace
Cape Coral Florida 33991

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: _____

(Florida street address)

New Registered Office 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

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) **SEE BACK SIDE for 2 additional members**

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-------------------------------|--|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Wes Furlong</u> | <u>1305 SW 18 Terrace</u>
<u>Cape Coral FL 33991</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Alice Williamson</u> | <u>2433 SW 29 Terrace</u>
<u>Cape Coral FL 33914</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Thomas Cottrell</u> | <u>15210 Manning St.</u>
<u>Leo IN 46765</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>I</u> | <u>Shannon Ertter</u> | <u>1217 Cape Coral Pkwy E.</u>
<u># 329</u>
<u>Cape Coral FL 33904</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>James J. Therrell, Jr.</u> | <u>4118 Coronado Parkway</u>
<u>Cape Coral FL 33914</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Steven C. Hook</u> | <u>3415 Oasis Blvd.</u>
<u>Cape Coral FL 33914</u> |

(see reverse for additional amendments) 7, 8

7.) ✓ Add D Janan Smith

4090 Westown Pkwy
A 313

West Des Moines Iowa
50266

8.) ✓ Add D Kimberly Scott

612 SW 35th Place
Cape Coral FL 339

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPROVED
AND
FILED

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

14 MAY -6 PM 1:08

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

5-1-14

Signature

Alice A. Williamson

(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)

Alice A. Williamson

(Typed or printed name of person signing)

President

(Title of person signing)