

N13000000226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

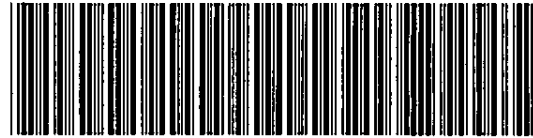
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



900265146479

10/14/14--01006--027 \*\*35.00

*Amend*

FILED  
2014 OCT 30 PM 1:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 01169, 00707, 00672  
00706



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2014

Veterans Health Network, Inc.  
5973 48th Ave N  
Kenneth City, FL 33709

SUBJECT: VETERANS HEALTH NETWORK, INC.  
Ref. Number: N13000000226

We have received your document for VETERANS HEALTH NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 014A00022637

RECEIVED  
14 OCT 30 AM 10:48  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Veterans Health Network, Inc.**

DOCUMENT NUMBER: **N13000000226**

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

Please return all correspondence concerning this matter to the following:

**Richard Corsale**

(Name of Contact Person)

**Veterans Health Network, Inc.**

(Firm/ Company)

**5973 48th Ave North**

(Address)

**Kenneth City, Florida 33709**

(City/ State and Zip Code)

**RCorsale@tampabay.rr.com**

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

For further information concerning this matter, please call:

**Richard Corsale**

(Name of Contact Person)

at **(727) 692-8336**

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Veterans Health Network, Inc.

2014 OCT 30 PM 1:09

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

N13000000226

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

79

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**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**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)

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 type="checkbox"/> Change            | <u>PD</u>         | <u>Desmond, Daniel</u>                    | <u>240 1/2 Ave North</u>                  |
| <input type="checkbox"/> Add                  |                   |   | <u>St Petersburg, FL 33709</u>            |
| <input checked="" type="checkbox"/> Remove    |                   |   |   |
| 2) <input checked="" type="checkbox"/> Change | <u>PD</u>         | <u>Wilson, James</u>                      | <u>5973 48th Ave North</u>                |
| <input type="checkbox"/> Add                  |                   |   | <u>Kenneth City, FL 33709</u>             |
| <input type="checkbox"/> Remove               |                   |   |   |
| 3) <input checked="" type="checkbox"/> Change | <u>STD</u>        | <u>Corsale, Richard</u>                   | <u>5973 48th Ave North</u>                |
| <input type="checkbox"/> Add                  |                   |   | <u>Kenneth City, FL 33709</u>             |
| <input type="checkbox"/> Remove               |                   |   |   |
| 4) <input checked="" type="checkbox"/> Change | <u>VPD</u>        | <u>Severino, Frank</u>                    | <u>1502 Tangerine St</u>                  |
| <input type="checkbox"/> Add                  |                   |   | <u>Clearwater, FL 33756</u>               |
| <input type="checkbox"/> Remove               |                   |   |   |
| 5) <input type="checkbox"/> Change            | <u>          </u> | <u>                                  </u> | <u>                                  </u> |
| <input type="checkbox"/> Add                  |                   |   | <u>                                  </u> |
| <input type="checkbox"/> Remove               |                   |   | <u>                                  </u> |
| 6) <input type="checkbox"/> Change            | <u>          </u> | <u>                                  </u> | <u>                                  </u> |
| <input type="checkbox"/> Add                  |                   |   | <u>                                  </u> |
| <input type="checkbox"/> Remove               |                   |   | <u>                                  </u> |

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

**Change the FEI Number from None to 46-1716449**

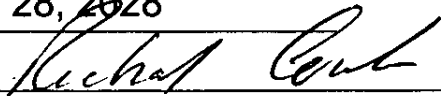
The date of each amendment(s) adoption: September 17, 2014, if other than the date this document was signed.

Effective date if applicable: September 17, 2014  
(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 October 28, 2028

Signature   
(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)

Richard Corsale

(Typed or printed name of person signing)

Secretary

(Title of person signing)