# N14000002954

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	National Urgent Care	Center Accreditation	n, Inc.	
	N14000002954			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Suzanne D. Meehle, Esq.				
	(	Name of Contact Pe	rson)	
Meehle & Jay, P.A.				
		(Firm/Company	)	
115 Maitland Avenue				
		(Address)		
Altamonte Springs, Florida	32701			
	(1	City/State and Zip (	Code)	
suzanne@meehle.com				
E	-mail address: (to be used t	for future annual rep	ort notification	ν
For further information conc	erning this matter, please o	all:		
Suzanne D. Meehle, Esq.		at	407	792-0790
	(Name of Contact Person)	<u> </u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of S	State:
<b>≘</b> \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing A	delence	C+=	ant Addrage	

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

National Urgent Care Center Accreditation, Inc.					
(Name of Corporation	n as current	ly filed with the Fl	orida Dept. of State)		
N14000002954					
(Docur	ment Numbe	er of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida Not i</i>	For Profit Corporation add	pts the fo	ollowing
A. If amending name, enter the new name of the	e corporatio	on:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" Or "incorpora	ted" or the abbreviation "(		The new "Inc."
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>				<u> </u>	
				TSE.	2016
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE	BOX)				HI NOW
				77 x	FH 2
If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register			la, enter the name of the	RIÜA	90
Name of New Registered Agent:		. Meehle, Esq.			
	115 Maitla	and Avenue			
New Registered Office Address			(Florida street address)		
	Altamonte	Springs (City)	, Florida, (Zip Co	32701	<del></del>
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Ant. I amfan	Agent:	•	·	
-		gnature of New Reg	istered Agent, if changing		

## If amending the Officers and/or Director's, 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, Treasure

Changes should be noted in the following manner. Currently J ohn Doe is listed as the PST and Mike J ones is listed as the V. There is a change, Mike J ones leaves the corporation, Sally Smith is named the V and S. These should be noted as J ohn Doe, PT as a Change, Mike J ones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V Mik</u>	<u>n Doe</u> e Lones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Phillip Ritucci	2813 S. Hiawassee Road
Add			Suite 206
X Remove			Orlando, Florida 32835
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			<del></del>
Remove			

E. <u>If amending or adding additional Articles</u> (attach additional sheets, if necessary).	(Be specific)
77 - 44	

	e date of each amen e this document was	lment(s) adoption: igned.		, if other than the
Eff	ective date <u>if applic</u>	ble:		
		(по то	ore than 90 days after amendment file date)	
		d in this block does not n c on the Department of S	meet the applicable statutory filing requirements, this date will not State's records.	the listed as the
Ade	option of Amendme	nt(s) ( <u>CHE</u>	ECK ONE)	
	The amendment(s) was/were sufficient	• •	members and the number of votes cast for the amendment(s)	
Ø	There are no membadopted by the boa		to vote on the amendment(s). The amendment(s) was/were	
	Dated	10/20/16 Marcha Re		
		save not been selected, b	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or luciary by that fiduciary)	
		Martha Ritucci		
		<del>-1, 141. 1 </del>	(Typed or printed name of person signing)	
		President		
			(Title of person signing)	