

N14C000007122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

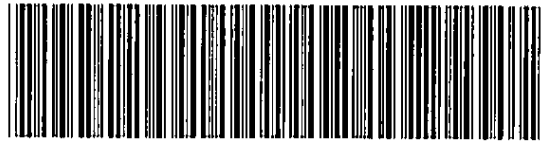
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sylvester Ricci
Auth. All corrections
AND Adoption
8/24/18
(10)

Office Use Only



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08/17/18--01011--004 **43.75

FILED
2018 AUG 23 AM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anund/cc

AUG 24 2018

I ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2018

SYLVESTER M. RICCI
SAINT MARTIN DE PORRES MEDICAL CENTER
6035 SW 15TH STREET - STE. 101
OCALA, FL 34474

SUBJECT: SAINT MARTIN DE PORRES MEDICAL CENTER, INC.
Ref. Number: N14000007122

We have received your document for SAINT MARTIN DE PORRES MEDICAL CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00017191

Articles of Amendment
to
Articles of Incorporation
of

Saint Martin De Porres Medical Center Inc.

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

N14000007122

(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:

NA

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**)

NA

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

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:

Sylvester M Ricci

6035 SW 54th Street Suite 101

(Florida street address)

New Registered Office Address:

Ocala

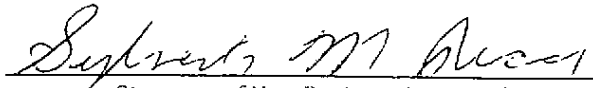
(City)

Florida 34474

(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

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TALLAHASSEE, FLORIDA

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Beate McCurdy</u>	<u>6035 SW 54th St - Ste. 101</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, Florida 34474</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Paul Avizinis</u>	<u>6035 SW 54th St - Ste. 101</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, Florida 34474</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Edward Schaefer</u>	<u>6035 SW 54th St - Ste. 101</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, Florida 34474</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DSTP</u>	<u>Sylvester Ricci</u>	<u>6035 SW 54th St - Ste. 101</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, Florida 34474</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

NA

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8-15-2018

Signature Sylvester M Ricci
(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)

Sylvester M Ricci

(Typed or printed name of person signing)

President/Director

(Title of person signing)