

N 15790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

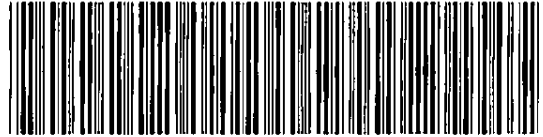
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNIVERSITY OF FLORIDA HEALTH CORPORATION

DOCUMENT NUMBER: N15790

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

Please return all correspondence concerning this matter to the following:

Bill Young

(Name of Contact Person)

UNIVERSITY OF FLORIDA

(Firm/ Company)

Po Box 100327

(Address)

Gainesville/Florida 32610-0327

(City/ State and Zip Code)

yountw@shands.ufl.edu

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

For further information concerning this matter, please call:

T. William Young

352

733-1600

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

SHANDS AT LAKE SHORE, INC.

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

NI5790

(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:

UNIVERSITY OF FLORIDA HEALTH 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:

123 Tigert Hall

*(Principal office address **MUST BE A STREET ADDRESS**)*

Gainesville, FL 32611-3125

C. Enter new mailing address, if applicable:

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

123 Tigert Hall

P.O. Box 113125

Gainesville, FL 32611-3125

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:

Amy Meyers Hass

123 Tigert Hall

(Florida street address)

New Registered Office Address:

Gainesville

(City)

Florida

(Zip Code)

32611-3125

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.

Amy Hass

Signature of New Registered Agent, if changing

2012 JUL 12 AM 11:27

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:

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|-------------------------|---|
| 1) <u> </u> Change <u> </u> Add | <u>TD</u> | <u>Robert Thornton</u> | <u>PO Box 100336</u> <u>Gainesville, FL 32610</u> |
| <u> X </u> Remove | | | |
| 2) <u> </u> Change <u> X </u> Add | <u>D</u> | <u>Marsha D. Powers</u> | <u>1600 SW Archer Rd</u> <u>Gainesville, FL 32610</u> |
| <u> </u> Remove | | | |
| 3) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>D</u> | <u>Amy M. Hass</u> | <u>123 Tigert Hall</u> <u>Gainesville, FL 32611-3125</u> |
| 4) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>D</u> | <u>Jennifer L. Hunt</u> | <u>1600 SW Archer Rd</u> <u>Gainesville, FL 32610</u> |
| 5) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>D</u> | <u>Taylor Jantz</u> | <u>123 Tigert Hall</u> <u>Gainesville, FL 32611-3125</u> |
| 6) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>D</u> | <u>Alan Levine</u> | <u>1600 SW Archer Rd</u> <u>Gainesville, FL 32610</u> |

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

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

See attached Restated Articles of Incorporation

☐ 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 6/24/24

Signature SY/ster

(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.)

Stephen J Motew, MD, MHA, FACS

(Typed or printed name of person signing)

President and System CEO, UF Health

(Title of person signing)

Additional Sheet:

| Type of Action (Check One) | Title | Name | Address |
|---|----------|-------------------------|--------------------------------|
| 7) <input type="checkbox"/> Change | <u>D</u> | <u>Timothy E. Morey</u> | <u>1600 Archer Road</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Gainesville, FL 32610</u> |
| <input type="checkbox"/> Remove | | | |
| 8) <input type="checkbox"/> Change | <u>D</u> | <u>Stephen J. Motew</u> | <u>1600 Archer Road/100326</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Gainesville, FL 32610</u> |
| <input type="checkbox"/> Remove | | | |
| 9) <input type="checkbox"/> Change | <u>D</u> | <u>David R. Nelson</u> | <u>1600 Archer Road/100014</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Gainesville, FL 32610</u> |
| <input type="checkbox"/> Remove | | | |
| 10) <input type="checkbox"/> Change | <u>D</u> | <u>Todd Neville</u> | <u>1600 Archer Road</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Gainesville, FL 32610</u> |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

2012 JUL 12 AM 11:27