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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____ The Healing Center of Martin County, Inc.

DOCUMENT NUMBER: N17000004790

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

Please return all correspondence concerning this matter to the following:

David B. Earle, Esq.

Name of Contact Person

Ross Earle Bonan & Ensor P.A.

Firm/ Company

789 S. Federal Highway, Suite 101

Address

Stuart, FL 34994

City/ State and Zip Code

dbe@rcblawpa.com & swa@rcblawpa.com

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

For further information concerning this matter, please call:

 David B. Earle
 at (
 772
 287-1745

 Name of Contact Person
 Area Code & Daytime Telephone Number

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

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT TO THE <u>ARTICLES OF INCORPORATION</u> <u>FOR</u> <u>THE HEALING CENTER OF MARTIN COUNTY, INC., A Not For Profit Corporation,</u> <u>Incorporated Florida, May 2, 2017</u>

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A Corporation Not-For-Profit Under the Laws of the State of Florida

The Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc. were filed with the Florida Secretary of State on May 2, 2017. The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., by its duly authorized officers, hereby certifies that the amendments to these Articles were approved by the Board of Directors by Unanimous Written Consent <u>nunc pro tune</u> to August 10, 2021.

1. Article III is amended in its entirety to read as follows:

The specific purpose for which this corporation is organized is:

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

2. The foregoing amendment to the Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., were adopted by the Board of Directors by Unanimous Written Consent<u>nunc pro tunc</u> to August 10, 2021.

3. All provisions of the Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., are herein confirmed and shall remain in full force and effect, except as specifically amended herein.

IN WITNESS WHEREOF, the undersigned has caused these presents to be signed in its name by its President and Secretary and its corporate seal affixed this 11th day of August 2021.

WITNESSES AS TO PRESIDENT:

Printed Name: David B. Earle

Printed Name: Kim Hauck Kim Hanck

STATE OF FLORIDA COUNTY OF MARTIN THE HEALING CENTER OF MARTIN COUNTY, INC.

By: President Todd Cederberg

CORPORATE SEAL

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of [x] physical presence or [] online notarization, by Todd Cederberg as President of The Healing Center of Martin County. Inc., who is personally known to me or produced _____as identification on August 11, 2021.

Notarial Sea 🔬 KIM M. HAUCK Commission # GG 221851 Expires September 23, 2022 Sonded Thru Troy Fain Insurance 800-385-7019

WITNESSES AS TO SECRETARY:

Printed Name:_____

M. Huck Notary Public

THE HEALING CENTER OF MARTIN COUNTY, INC.

By:

. Secretary Nancy Vrechek

Printed Name:_____

CORPORATE SEAL

IN WITNESS WHEREOF, the undersigned has caused these presents to be signed in its name by its President and Secretary and its corporate seal affixed this 11th day of August 2021.

WITNESSES AS TO PRESIDENT:

Printed Name: David B. Easle

Printed Name: Kim Hauck Kim Hauck

STATE OF FLORIDA COUNTY OF MARTIN THE HEALING CENTER OF MARTIN COUNTY, INC.

President Todd Cederberg

CORPORATE SEAL

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of [x] physical presence or [] online notarization, by Todd Cederberg as President of The Healing Center of Martin County, Inc., who is personally known to me or produced ______as identification on August 11, 2021.

KIM M. HAUCK Notarial Sea Commission # GG 221851 Expires September 23, 2022 Bonded Thru Troy Fain Insurance 800-385-7019

WITNESSES AS TO SECRETARY:

Printed Name: NANCY VRECHEK

Printed Name:_____

Notary Public

THE HEALING CENTER OF MARTIN COUNTY, INC.

lim M. Huck

ecretary

CORPORATE SEAL

STATE OF FLORIDA COUNTY OF MARTIN

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of [x] physical presence or [] online notarization, by Nancy Vrechek as Secretary of The Healing Center of Martin County. Inc., who is personally known to me or produced Drivers Licence as identification on August 11, 2021.

Notary Public

Notarial Seal

