

To:

Page: 4 of 9

2023-07-20 14:41:45 CST

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From: David Thomas

7/19/23, 4:20 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ADVENTHEALTH PRIMARY CARE NETWORK, INC.**

Certificate of Status	0
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Please honor original filing date of 7/19/2023

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

ADVENTHEALTH PRIMARY CARE NETWORK, INC.

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

N23000007925

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1606, 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: Jeff Bromine

900 Hope Way

(Florida street address)

New Registered Office Address:

Altamonte Springs

(City)

Florida 32714

(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*

2023 JUL 20 11:03 AM

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Lynn C. Addiscott</u>	<u>900 Hope Way</u> <u>Altamonte Springs, FL 32714</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Toni Berrios</u>	<u>900 Hope Way</u> <u>Altamonte Springs, FL 32714</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Vadym "Dima" Didenko</u>	<u>900 Hope Way</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Amanda Brady</u>	<u>900 Hope Way</u> <u>Altamonte Springs, FL 32714</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Robert C. Foitz</u>	<u>Hope Way</u> <u>Altamonte Springs, FL 32714</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AS</u>	<u>Jeffrey E. Graff</u>	<u>Hope Way</u> <u>Altamonte Springs, FL 32714</u>

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

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

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AS	David L. Huffman	900 Hope Way Altamonte Springs, FL 32714
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AS	Paul C. Rathbun	900 Hope Way Altamonte Springs, FL 32714
9) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AS	Michael E. Saunders	900 Hope Way
10) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	AS	Haney Vincent	900 Hope Way Altamonte Springs, FL 32714
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

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2023 JUL 20 1:03:34

2023.11.20 11:34

 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

7/19/23

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)

GREG DAVIS

(Typed or printed name of person signing)

CFO, Primary Health Division, Director

(Title of person signing)

2023 JUL 20 11:34