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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : STRAWN & MONAGHAN, P.A.  
Account Number : 076215000176  
Phone : (561) 278-9400  
Fax Number : (561) 278-9462

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 29 AM 9:57

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PALM BEACH COUNTY COMMUNITY HEALTH ALLIANCE, INC.

RECEIVED

2009 APR 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MC/Amend  
[Signature]

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**Palm Beach County  
Community Health Alliance**



3540 Forest Hill Blvd, Suite 101, West Palm Beach, FL, 33406 (P) 561-433-3940 (F) 561-433-2385 www.pbccha.org

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Palm Beach County Community Health Alliance, Inc.

**DOCUMENT NUMBER:** N44488

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

Please return all correspondence concerning this matter to the following:

Alan Sivek  
Health Network of the Palm Beaches, Inc.  
3540 Forest Hill Blvd, Suite 101  
West Palm Beach, FL 33406

For further information concerning this matter, please call:  
Alan Sivek at (561)-433-3940, ext18

**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

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**Palm Beach County  
Community Health Alliance**

3540 Forest Hill Blvd, Suite 101, West Palm Beach, FL, 33406 (P) 561-433-3940 (F) 561-433-2385 www.pbccha.org

Articles of Amendment  
to  
Articles of Incorporation  
of

Palm Beach County Community Health Alliance, Inc.  
[Name of Corporation as Currently Filed with the Florida Department of State]

Document Number of Corporation N44488

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:**

Health Network of the Palm Beaches, Inc.

**B. Enter new principal office address, if applicable:** 3540 Forest Hill Blvd, Suite 101  
West Palm Beach, FL 33406

**C. Enter new mailing address, if applicable:** 3540 Forest Hill Blvd, Suite 101  
West Palm Beach, FL 33406

**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: Timothy E. Monaghan

New Registered Office Address: 54 NE Fourth Avenue  
Delray Beach, FL 33483

**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 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:**

Title	Name	Address	Type of Action
President	Marilyn Parker	FAU College of Nursing 777 Glades Rd Boca Raton, FL 33431	Remove

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President	Tenna Wiles	PBCMS	Add
		3540 Forest Hill Blvd, Ste 101	
		West Palm Beach, FL 33406	

**The date of each amendment(s) adoption:**

The officer change amendment was adopted on March 19, 2009.

The name change amendment was adopted on April 23, 2009.

Effective date if applicable: As of the date of filing  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s):**

The amendment(s) were adopted by the members and the number of votes cast for the amendments were sufficient for approval.

Dated: 04/28/2009

Signature: Tenna Wiles  
Tenna Wiles, Chair/President

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