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DIVISION OF CORPORATIONS

13 JUL -5 RM 9: 1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Community .	Access to Child	Health of Brevard, Inc.
DOCUMENT NUMBER: N47	7043		
The enclosed Articles of Amendmen	nt and fee are subm	nitted for filing.	
Please return all correspondence cor	ncerning this matte	er to the following:	
Lisa Gemmill			
		(Name of Contact Person	n)
Community Acc	ess to C	Child Health	of Brevard, Inc.
		(Firm/ Company)	·
2565 Judge Frai	n Jamies	son Way	
		(Address)	
Viera, Florida 3	2940		
		(City/ State and Zip Cod	e)
		oh.state.fl.u	
For further information concerning t		•	,
Lisa Gemmill		_{at} (321	639-5864 Dode & Daytime Telephone Number)
(Name of Contact Pe	rson)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following	g amount made pa	yable to the Florida Depa	artment of State:
	4.75 Filing Fee & tificate of Status	□\$43.75 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 Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of		13 111-5
Community Access to Child Hea	alth of Brevard	l, Inc.	سِپ
(Name of Corporation as currently filed with	the Florida Dept. of S	state)	۴
N47043			Ġ
(Document Number of	Corporation (if known))	号
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida	Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the co	prporation:		
Not Applicable			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incor	porated" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable	" Not App	licable	
(Principal office address MUST BE A STREET ADI			٠
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Not App	licable	
D. Marray disputs a superintensed and a superi			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		iorida, enter the name of the	
Name of New Registered Agent: Not Ap	plicable		
New Registered Office Address:	(Florida street ada	iress)	
	plicable		
	(City)	, Florida (Zip Code)	
Nam Barbara da			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		accept the obligations of the position.	
Signature of Ne	w Registered Agent, if o	changing	

Page 1 of 4

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.

<u>></u>	ample Char Rem Add	nge 10ve		Doe Jones Smith	
<u>T</u> \ (C	pe of heck	Action One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)		Change	STD	Mary Stockett, MD.	1755 W. Hibiscus Blvd.
		_ Add			Melbourne, FL 32907
	<u>x</u>	_ Remove			
2)		_ Change	STD	Mary W. Ulrich, MD.	1755 W. Hibiscus Blvd.
	v	_ Add			Melbourne, FL 32907
		_ Remove			
3)	·	_ Change			
		_ Add			umumika .
	ī	_ Remove			
4)		Change			
		_ Add			
		_Remove			
5)		Change			
		_ Add			
		_ Remove			
ച		Change			
<i>.,</i>		Add		 	<u></u>
		_ Auu Remove			

. If amending or adding additional Arti	<u>icles, enter change(s) here</u> :
(Attach additional sheets, if necessary).	(Be specific)
/1	
N/A	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: $\frac{5/6/3}{}$
Effective date if applicable: 5/6/13 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated5/4/13
Dated 5/6/13 Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Mihai Radu, MD.
(Typed or printed name of person signing)
Vice President/Director
(Title of person signing)