

N93000002130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

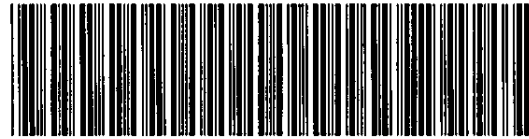
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400252269094

400252269094
10/07/13--01055--025 **35.00

FILED
13 NOV 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Association of Florida Trauma Coordinators

DOCUMENT NUMBER: N93000002130

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

Please return all correspondence concerning this matter to the following:

Wendy Kimelman
(Name of Contact Person)

Orlando Health
(Firm/ Company)

1414 Kuhl Ave mp61
(Address)

Orlando, FL 32806
(City/ State and Zip Code)

Wendy. Kimelman@orlandohealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Captain at (386) 239-2358
(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:

- | | | | |
|---|--|---|--|
| <input checked="" 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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 NOV 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2013

WENDY KIMELMAN
ORLANDO HEALTH
1414 KUHL AVE MP 61
ORLANDO, FL 32806

SUBJECT: ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC.
Ref. Number: N93000002130

We have received your document for ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 4 of 4 and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 413A00024086

RECEIVED

13 NOV 20 AM 11:59

CLERK OF THE COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

I have filled out page four
Please contact me should you need
anything further.

W Kimelman
Treasurer

Articles of Amendment
to
Articles of Incorporation
of

Association of Florida Trauma Coordinators

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

N93000002130

(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:

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**)

Kevin Captain c/o Halifax Health
303 N. Clyde Morris Blvd
Daytona Beach FL 32114
Level II
Trauma
Center

C. Enter new mailing address, if applicable:

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

Same as above

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:

Wendy Kimelman c/o Orlando Health
1414 Kuhl Ave MP 601

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida

32806

(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.

W Kimelman

Signature of New Registered Agent, if changing

FILED
13 NOV 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Patricia Stadler</u> | <u>TMH - Trauma Services</u>
<u>1300 Miccosukee Rd.</u>
<u>Tallahassee, FL 32308</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Kevin Captain</u> | <u>Halifax Health Level II Trauma Center</u>
<u>303 W. Clyde Morris Blvd</u>
<u>Daytona Beach, FL 32114</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Wendy Kimelman</u> | <u>Orlando Health - Trauma</u>
<u>1414 Kuhl Ave MP 61</u>
<u>Orlando Florida 32806</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Shelby Rivera</u> | <u>Bayfront Health</u>
<u>701 6th Street</u>
<u>St. Petersburg, FL 33701</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>SV</u> | <u>Melissa Cole</u> | <u>Tampa General - Trauma</u>
<u>1 Tampa Circle RM 6420</u>
<u>Tampa, FL 33606</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

FILED
13 NOV 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: June 27, 2013, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 June 27, 2013

Signature W Kimelman
(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)

Wendy R. Kimelman
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

FILED
13 NOV 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA