

N94 0000001612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

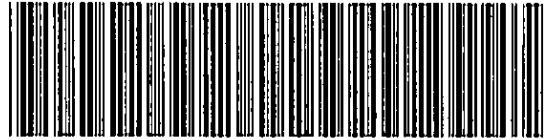
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900377340779

W22-6424

N/c Amend

12/07/21--01005--003 \*\*43.75

FILED  
2022 FEB -8 AM 10:22  
FEB 10 2022

A. RAMSEY

FEB 10 2022

X 00789, 04135, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2022

EDYE BUTTON  
HEALTH MANAGEMENT ASSOCIATION INC  
P.O. BOX 60926  
FT. MYERS, FL 33906-6926 US

SUBJECT: HEALTH MANAGEMENT ASSOCIATION, INC.  
Ref. Number: N94000001612

We have received your document for HEALTH MANAGEMENT ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 522A00001615



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*not again*  
*1-18-2022*  
**RECEIVED**

*page*  
**2022 JAN 18 AM 8:07**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

December 20, 2021

EDYE BUTTON  
HEALTH MANAGEMENT ASSOCIATION INC.  
P.O. BOX 60926  
FT. MYERS, FL 33906-6926 US

SUBJECT: HEALTH MANAGEMENT ASSOCIATION, INC.  
Ref. Number: N94000001612

We have received your document for HEALTH MANAGEMENT ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment form is incorrect. It is for a profit corporation and your entity is a non-profit corporation. I have enclosed the correct page.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 021A00030666

COVER LETTER

RECEIVED

TO: Amendment Section  
Division of Corporations

2022 FEB -8 PM 12:00

NAME OF CORPORATION: HEALTH MANAGEMENT ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT NUMBER: N94000001612

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

Please return all correspondence concerning this matter to the following:

EDYE BUTTON

Name of Contact Person

C/O HEALTH MANAGEMENT ASSOCIATION

Firm/ Company

P.O. BOX 60926

Address

FT MYERS, FL 33906-6926

City/ State and Zip Code

EDYE@CASHFLOW STRATEGIES.NET

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

For further information concerning this matter, please call:

BRUCE H. VANDERLAAN

at ( 239 ) 220-3326

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 FEB -8 AM 10:22

HEALTH MANAGEMENT ASSOCIATION, INC.

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

N94000001612

(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:**

SOUTHWEST FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

*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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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*

**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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <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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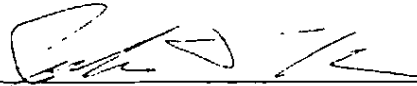


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- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1-17-2022

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)

Jonathan DeMazio

(Typed or printed name of person signing)

President

(Title of person signing)