N95 000003610

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SECRETARY OF STATI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Health First Shared	Services, Inc.		
NS DOCUMENT NUMBER:	95000003610			
The enclosed Articles of American	idment and fee are sub	mitted for filing.		
Please return all correspondence	ce concerning this matt	er to the following:		
Tracy G. Cummings				
	<u> </u>	(Name of Contact P	erson)	
Health First Shared Services, I	nc.			
	·	(Firm/ Company	y)	
6450 US Highway 1				
		(Address)		 -
Rockledge, FL 32955				
		(City/ State and Zip	Code)	
tracy.cummings@hf.org				
E-m	ail address: (to be used	for future annual rep	ort notification	0)
For further information concer	ning this matter, please	call:		
Tracy G. Cummings		at	321	434-4182
(N	ame of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □	1\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ada	l-nec	£.		

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 Articles of Incorporation

FILED

2022 JAN 21 AM 10: 35

Health First Shared Services, Inc.

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

SECRETARY OF STATE
TALLAHMSSEE, FL

N95000003610 (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: 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: . Florida (City) (Zin 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change x Add	<u>D</u>	Larry S. Bishop, M.D.	6450 US Highway 1 Rockledge, FL 32955
Remove			
2) Change Add	<u>D</u>	Kim K. Patrick	6450 US Highway 1 Rockledge, FL 32955
Remove 3) Remove Add Remove	D	Martin W. Isenman, M.D.	
4) Change Add	<u>D</u>	Kevin B. Steele	
 X Remove 5) Change Add X Remove 	<u>D</u>	Pamela A. Gatto	
6) Change Add Remove			
		cles, enter change(s) here: (Be specific)	
N/A			
			-

		
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-		
The date of each amendment(s) adoptions date this document was signed.	: 10/21/2021	, if other than the
Effective date if applicable: 10/01/2021		
(1	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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

Dated 1/10/2022	
Signature(By the chairman or vice chairman of the board, president or other officer-if directors	rs
have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
Nicholas W. Romanello	
(Typed or printed name of person signing)	_

(Title of person signing)