N980000001205

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Health First Foundati	on, Inc.			
	N98000004205				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Kim Nowakowski					
	(Name of Contact F	erso	on)	
Health First, Inc.					
		(Firm/ Compar	ıy)		
6450 US Highway I					
		(Address)			
Rockledge, FL 32955					
	(City/ State and Zip	Coc	de)	
kimberly.nowakowski@hea	lth-first.org				
E	-mail address: (to be used	for future annual re	port	notification)
For further information conc	erning this matter, please o	eall:			
Kim Nowakowski		a	3:	21	434-4378
	(Name of Contact Person)			rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Dep	partment of S	state:
■ \$35 Filing Fee	□\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is
Mailing A	ddress	<u>s</u>	treet	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Health First Foundation, Inc.		
(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)
N98000004205		
(Document Nun	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated	l" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.		
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES.</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		學得 言
(mutting unitess MAT DE ATOST OFFICE BOX)		
		,
		=======================================
D. If amending the registered agent and/or registered of		enter the name of the
new registered agent and/or the new registered office	e address:	enter the name of the
Name of New Registered Agent:		31
	(Fi	lorida street address)
New Registered Office Address:		
		. Florida
	(Citv)	(Zip Code)
	-	•
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		the obligations of the position
nereo, accept the appointment as registered agent. I am,	јатнаг жин ана ассерг	the congations of the position.
	Circustuma of Vana Dania	tered Agent, if changing
	- Mynauure Of New Kegis	terea Agem, ij 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	<u>V</u> <u>Mik</u>	n Doe le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Terry Mohr	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary). (Be specific	<i>)</i>		
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		<u> </u>	. .	
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			 <u></u>	

	date of each amendment(s) adoption: AllZllb	_, if other than the
	ective date if applicable: 4112116	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Ø	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 $9/2/6$	
	Signature Walle & Matter	_
	(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)	
	David E. Mahias (Typed or printed name of person signing)	
	Assistant SECRETARY (Title of person signing)	