# N9800000 4321

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400338101814

12/23/19--01006--001 ++350.00

JAN 25 2020

S. YOUNG

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

BONITA CONTACTION:	OMMUNITY HEALTH CENTER, INC.
N98000004321	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Mary A. McGillicuddy	
<del>-</del> ,	(Name of Contact Person)
Lee Memorial Health System	
· ·	(Firm/ Company)
4211 Metro Parkway, Legal Services, Lee He	raith Corporate Center
	(Address)
Fort Myers, FL 33916	•
	(City/ State and Zip Code)
LMHS.CourtDocs@LeeHealth.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r, please call:
Mary A. McGillicuddy	239 343-8550
(Name of Contac	t 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 Certificate of	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 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

### BONITA COMMUNITY HEALTH CENTER, INC.

(Name of Corporation as currently filed with the	e Florida D	ept. of State)	
N98000004321			
(Docum	ient Numbe	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not Fo</i> r	Profit Corporation adopts the followin
A. If amending name, enter the new name of the	e corporati	on:	
Not Applicable			i. Co
name must be distinguishable and contain the word		ion" 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 applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )	P.O. Box 2218	
		Fort Myers, FL 33902	
D. If amending the registered agent and/or regis	stered offic	e address in Florida.	enter the name of the
new registered agent and/or the new registere			
Name of New Registered Agent:	Mary A. McGillicuddy		
	4211 Metr	o Parkway, Legal Serv	ices, Lee Health Corporate Center
		tF1a	rida sireet address)
New Registered Office Address:			
	Fort Myer	S	, Florida 33916 (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			he obligations of the position.
	1111	ry G. M. Malica	Aty red (gent, if changing
_	Siņ	nature of New Registe	red 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	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			<del></del> .
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add	-	<del></del>	
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
E. If amending or adding (attach additional shee		Page 2 of 4  onal Articles, enter change(s) here:	
See Attached	is, y nece	issue, in specific	
			<del></del>
		<del></del> .	· · · · · ·

Page 3 of 4
- -
The date of each amendment(s) adoption:  November 27, 2019  , if other than the date this document was signed.
Effective date if applicable:  November 29, 2019 and December 20, 2019 (Change of RA Only)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 December 18, 2019					
Signature Audleelee					
(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)					
Anne Rose (Typed or printed name of person signing)					
(Typed of printed hame of person signing)					
( Min					

(Title of person signing)

### Section D – Directors as of November 29, 2019

### **CHANGED**

Anne Rose, Chair

12901 McGregor Boulevard, Suite 1-B Fort Myers 33919

### <u>AUDED</u>

Suzanne Bradach, Vice Chair Outpatient Center at the Sanctuary 8960 Colonial Center Drive, Suite 208 Fort Myers, FL 33905

Ben Spence, Treasurer 16451 HealthPark Commons Drive, Suite 200 Fort Myers, FL 33908

David Cato, Secretary 9800 S HealthPark Drive, Suite 350 Fort Myers, FL 33908

### REMOVED DIRECTORS

Phillip Dutcher, Co-Chairman

Noble Arrington, Treasurer

Michael Riley, Secretary

Linda Roeback, Director

Terri Isacson, Director

Latrice Davis, Director

Patty Duquette, Director

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF BONITA COMMUNITY HEALTH CENTER, INC., A FLORIDA NOT-FOR-PROFIT CORPORATION

The following articles 1, 3, 4, 6, 7, and 13 shall be deleted in their entirety and the following shall be substituted as the new articles:

#### ARTICLE ONE. NAME

The name of this Corporation is Bonita Community Health Center, Inc. with its place of business as 3501 Health Center Blvd., Bonita Springs, Lee County, Florida.

\*\*\*

### ARTICLE THREE. PURPOSES

The general nature of the objects and purposes of this corporation shall be:

- 1. The purpose of this organization shall be to operate exclusively for the advancement of healthcare and other charitable purposes in Southwest Florida, including assisting Lee Memorial Health System, a special purpose unit of local government, to operate outpatient clinics and other facilities and any lawful business related to the same.
- 2. This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code.
- 3. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting in influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code."

### ARTICLE FOUR. TERM

This corporation shall have a perpetual existence unless the member of the corporation shall cease to be a governmental agency under the laws of Florida, in which case the corporation shall be dissolved and its affairs wound up, and its assets distributed as provided in Article Twelve.

\*\*\*

### ARTICLE SIX. LOCATION OF PRINCIPAL OFFICE AND IDENTIFICATION OF REGISTERED AGENT

The county in the State of Florida where the principal office for the transaction of the business of this corporation is to be located is the County of Lee.

The name and address of this corporation's registered agent is Mary McGillicuddy, Lee Memorial Health System, Legal Services, 2776 Cleveland Avenue, Fort Myers, Florida 33901.

\*\*

### ARTICLE SEVEN. MEMBERSHIP

There will be one member of the corporation which shall be Lee Memorial Health System.

\*\*\*

### ARTICLE THIRTEEN. AMENDMENT OF ARTICLES

Amendment to these Articles of Incorporation may be proposed by a resolution adopted by the Board of Directors and shall be adopted when approved by the Member.