

PO6000040154

(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

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

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FILED  
07 DEC -3 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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12/5/07

**DirectIncorporation**  
www.directincorporation.com

November 16, 2007

**DirectIncorporation**  
a division of Enitia Corporation  
p.o. box 495  
dexter, mi 48130

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Good Samaritan Medical Center, Inc.**

Dear Sir or Madam:

Enitia Corporation has been authorized to file the enclosed Articles of Amendment for Good Samaritan Medical Center, Inc.

If you need any additional information, you can reach us at

Enitia Corporation  
122 W Huron  
Ann Arbor, MI 48104

1-877-281-6495 ext 1096 (toll free)  
edstahlin@enitia.com

If policy permits, could you please return those certificates to our address at 122 W Huron, Ann Arbor, MI 48104?

Thank you,

Ed Stahlin  
Enitia Corporation

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GOOD SAMARITAN MEDICAL CENTER, INC.

**DOCUMENT NUMBER:** P06000040154

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

Please return all correspondence concerning this matter to the following:

Edward Stahlin

(Name of Contact Person)

Enitia Corporation

(Firm/ Company)

122 W Huron

(Address)

Ann Arbor, MI 48104

(City/ State and Zip Code)

For further information concerning this matter, please call:

Edward Stahlin

(Name of Contact Person)

at ( 877 ) 281-6496

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

GOOD SAMARITAN MEDICAL CENTER, INC.

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

P06000040154

(Document number of corporation (if known))

FILED  
07 DEC -3 PM 1:11  
TALLAHASSEE FL 32004  
SECRETARY OF STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

Magnus Medical Center, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

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(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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(continued)

The date of each amendment(s) adoption: 11/16/2007

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

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
\_\_\_\_\_  
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

Mervin Daniel M.D.

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Magnus Medical Center, Inc.

(Typed or printed name of person signing)

President / DIRECTOR

(Title of person signing)

**FILING FEE: \$35**