## P12000043624

(Red	questor's Name)	
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DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Amendment Section \* Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORA	ATION: Beacon Or	ncology Nurse N	avigators
	ER: P1200004362		
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
!	_ea Ann Biafora		
<del></del>	. •	Name of Contact Person	n
I	Beacon Oncolog	y Nurse Advocat	tes, Inc.
_		Firm/ Company	
i	P.O. Box 738		
_		Address	
,	St. Petersburg, F	L 33701	
-		City/ State and Zip Cod	e
lhiaf	ora@beacononc	ology com	
<u> Ibiai</u>	_	sed for future annual report	notification)
	is man accress, (we be a	sea for fatare annual report	nonneadon)
For further information	concerning this matter, pleas	se call:	
Lea Ann Biafo	ora	<sub>at (</sub> 727	490-8777
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

Beacon Oncology Nurse Navigators, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State	· · · · · · · · · · · · · · · · · · ·
042624	

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new name of the corporation:			
Beacon Oncology Nurse Advocates, Inc.	. The new		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	2620 2nd Street North		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Saint Petersburg, FL 33704		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 738		
	Saint Petersburg, FL 33701		
D. <u>If amending the registered agent and/or registered office ad</u>	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addre			
Name of New Registered Agent Brian Treby, Es	<u>sq</u>		
695 Central Av	venue, Suite 270		
	street address)		
New Registered Office Address: Saint Petersbu	, Florida		
(City	(Zip Code)		
New Registered Agent's Signature, if changing Registered Ager	nt:		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	Amy Cuykendall	3136 3rd Avenue North St. Petersburg, FL 33713
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove			

anach a	dditional sheets, ij	rnecessary).	(Be specific)			<u></u>	
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II an an Drovis	nendment provide ions for implemen	s for an excha- ting the amend	nge, reclassi Iment if not	<u>tication, or can</u> contained in th	<u>cellation of iss</u> e amendment	itself:	
(if	not applicable, inc	licate N/A)					
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The date of each amendment(s) adoption:
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
(no more inan 90 days after amenament file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Date of 05/30/2012 d
Signature Residual
(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)
Lea Ann Biafora
(Typed or printed name of person signing)
President
(Title of person signing)