

P14000054211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

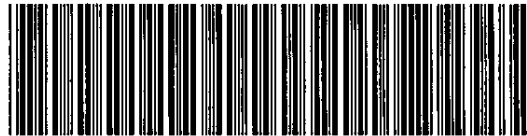
(Business Entity Name)

(Document Number)

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14 SEP 19 PM 3:10

*Amend*

*09/22/14*

*DC*

**JOHN H. EVANS, P.A.**  
ATTORNEY AT LAW

1702 SOUTH WASHINGTON AVENUE  
TITUSVILLE, FLORIDA 32780

TEL: 321/267-5504  
FAX: 321/267-0418  
johnhevanspa@yahoo.com

September 18, 2014

VIA OVERNIGHT DELIVERY

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

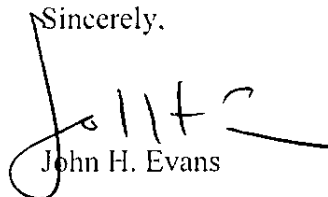
RE: Surfside Medical Center, Inc.  
Document #P14000054211  
My File No. JHE-11996

Dear Sir or Madam:

Enclosed please find the original Cover Letter together with the original Articles of Amendment to Articles of Incorporation for Surfside Medical Center, Inc. together with my check in the amount of \$35.00 for filing same.

I would appreciate it if you could please expedite this filing as closing in this matter is scheduled for early next week. Thank you for your attention to this matter. If there are any questions or comments, please contact me.

Sincerely,



John H. Evans

JHE/jhb

Enclosures

cc: Glenn S. Chapman III via e-mail

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SURFSIDE MEDICAL CENTER, INC.

DOCUMENT NUMBER: P14000054211

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

Please return all correspondence concerning this matter to the following:

John H. Evans

Name of Contact Person

John H. Evans, P.A.

Firm/ Company

1702 S. Washington Ave.

Address

Titusville, FL 32780

City/ State and Zip Code

johnhevenspa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H. Evans

Name of Contact Person

at ( 321 ) 267-5504

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

SURFSIDE MEDICAL CENTER, INC.

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

P14000054211

(Document Number of Corporation (if known))

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

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

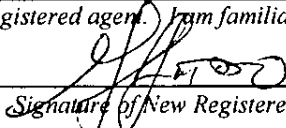
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Glenn S. Chapman, III  
4600 N. Ocean Blvd., Suite 101  
(Florida street address)

New Registered Office Address: Boynton Beach, Florida 33435  
(City) (Zip 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

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FILED

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PST</u>	<u>John H. Evans</u>	<u>1702 S. Washington Ave.</u> <u>Titusville, FL 32780</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PVST</u>	<u>Glenn S. Chapman, III</u>	<u>4600 N. Ocean Blvd.</u> <u>Suite 101</u> <u>Boynton Beach, FL 33435</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Glenn S. Chapman, III</u>	<u>4600 N. Ocean Blvd.</u> <u>Suite 101</u> <u>Boynton Beach, FL 33435</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

ARTICLE VIII is added as follows:

Glenn S. Chapman, III shall also be known as the "Medical Director" until further notice.

**F. If an amendment provides for an 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)*

The date of each amendment(s) adoption: August 25, 2014, if other than the date this document was signed.

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

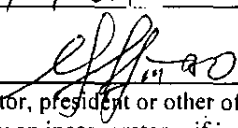
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated 9/12/2014

Signature:   
(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)

Glenn S. Chapman, III  
(Typed or printed name of person signing)

President  
(Title of person signing)