

P17000073778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S TALLENT

APR 12 2018

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18 APR 11 AM 7:38

Amend &  
w/c



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2018

DR. ANTONIA RICHMOND  
STAT DIAGNOSTIC AND RESEARCH CENTER  
115 E VAN FLEET DRIVE  
BARTOW, FL 33830

SUBJECT: STAT DIAGNOSTIC AND RESEARCH CENTER, INC.  
Ref. Number: P17000073778

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

THE DATE OF THE AMENDMENTS ADOPTION MUST BE A DATE PRIOR TO TODAY'S DATE OR ON OR PRIOR TO THE DATE SIGNED.

THE NEW NAME OF THE CORPORATION CAN BE PLACED IN LETTER A ON PAGE 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00005839

RECEIVED  
18 APR 11 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2018

DR. ANTONIA RICHMOND  
STAT DIAGNOSTIC AND RESEARCH CENTER  
115 E VAN FLEET DRIVE  
BARTOW, FL 33830

SUBJECT: STAT DIAGNOSTIC AND RESEARCH CENTER, INC.  
Ref. Number: P17000073778

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE DOCUMENT NUMBER OF THE NAME CONFLICT IS P01000046609

THE DATE OF THE AMENDMENT ADOPTION CAN NOT BE AFTER THE DATE THE DOCUMENT WAS SIGNED.

THE NEW CORPORATION NAME CAN BE PLACED IN LETTER A. ON PAGE 1 OF 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 618A00002848

RECEIVED  
18 MAR 21 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


STAT Diagnostic and Research Center  
115 E Van Fleet Drive, #313  
Bartow, Florida 33830

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

Ref: STAT Diagnostic and Research Center, Inc. Number: P17000073778

Please amend the above referenced corporation's name from STAT Diagnostic and Research Center, Inc  
to Providence Porte Incorporated

Thank you for your cooperation in this matter.

  
Dr. Antonia Richmond  
Chief Executive Officer

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Stat Diagnostic and Research Center Inc.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Dr. Antonia Richmond  
Name of Contact Person

Stat Diagnostic and Research Center  
Firm/ Company

115 E Van Fleet Drive  
Address

Bartow Florida 33830  
City/ State and Zip Code

Antonia@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Antonia Richmond at (863) \_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |  |  |   |  |
|--|--|---|--|
| <input 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

Articles of Amendment  
to  
Articles of Incorporation  
of

STAT DIAGNOSTIC AND RESEARCH CENTER, INC.

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

P17000073778

(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:**

Providence Park Incorporated

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)

N/A

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

(Mailing address MAY BE A POST OFFICE BOX)

FILED

18 APR 11 AM 7:33

**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

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

N/A

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:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)      | Title      | Name       | Address    |
|------------------------------------|------------|------------|------------|
| 1) <input type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add       |            |            |            |
| <input type="checkbox"/> Remove    |            |            |            |
| 2) <input type="checkbox"/> Change |            |            |            |
| <input type="checkbox"/> Add       |            |            |            |
| <input type="checkbox"/> Remove    |            |            |            |
| 3) <input type="checkbox"/> Change |            |            |            |
| <input type="checkbox"/> Add       |            |            |            |
| <input type="checkbox"/> Remove    |            |            |            |
| 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 I

Name of Corporation: Providence Porte Incorporated

Article III Purpose of the Corporation

- ① Biomedical Research
- ② Laboratory Services
- ③ Skilled nursing home
- ④ Assisted Living Facility
- ⑤ Memory Care
- ⑥ Home health care
- ⑦ Group home

**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)

N/A



The date of each amendment(s) adoption: February 13, 2018, if other than the date this document was signed.

Effective date if applicable: February 13, 2018  
(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 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 2/13/18

Signature [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)

Antonia Richmond  
(Typed or printed name of person signing)

Chief Executive Officer  
(Title of person signing)