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FAX COVER SHEET

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TO	
COMPANY	
FAXNUMBER	18506176380
FROM	RanaeMcGraw
DATE	2021-08-0211:58:37 CST
RE	NORTH SHORE MEDICAL CENTER, INC. 13813567

COVER MESSAGE

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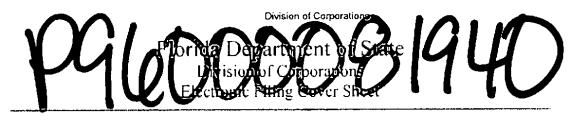
Zach Cain Fulfillment Associate I Global Fulfillment Team CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

From: Ranae McGraw

8/2/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH SHORE MEDICAL CENTER, INC.

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Corporate Filing Menu

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From: Ranae McGraw

Articles of Amendment to Articles of Incorporation of

380	Page. 3 01 0	2021-00-02 11.0)3,03 CQ 1	130-20000-3	Trom. Natide incords
				•	
		Articles of A	Amendment		
		to)		
		Articles of In	_		
North Shore Medi	cal Center, Inc.				Charles By
	(Name of Co	rporation as current	tly filed with the Florid	la Dept. of State)	
P96000081940					
		(Document Number	of Corporation (if know	n)	1.96
Pursuant to the pro its Articles of Inco	visions of section 607.1006 rporation:	i, Florida Statutes, this	s Florida Profit Corport	ation adopts the following	g amendment(s) to
A. If amending n	ame, enter the new name	of the corporation:			
NSMC Holdings,	inc.				The new
"Inc.," or Co.,"	nguishable and contain the or the designation "Corp, fessional association," or t	" "Inc," or "Co".	A professional corpora	orated" or the abbreviation to the same must contain the same must	n "Corp.," n the word
R Enter new net	ncinal office address, if an	mlicable:	14201 Dallas Pkwy	•	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)			Dallas, TX 75254		
C. Enter new mailing address. If ap (Mailing address MAY BE A POS)		le: FICE BOX)	14201 Dallas Pkwy	y	
V =======			Dallas, TX 75254		
new registere	he registered agent and/or d agent and/or the new re New Registered Agent			the name of the	
		(Florida s	treet address)		· .
New Real	ssered Office Address:			, Florida	
HEW RESIDENCE OFFICE HAWASS.		(City)	(Zip	Code)	
	•				
New Registered I I hereby accept the	Agent's Signature, if change appointment as registered	ging Registered Agen lagent. I am familiar	nt: with and accept the ob-	ligations of the position.	
		Signature of New	Registered Agent, if cha	inging	-
Check if applicab	ole				

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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.

X Change	PI	John Doc	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>\$</u> Y	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			-,,,
Remove			
2) Change	 -		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To: 18506176380

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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes east for the amendment(ufficient for approval.	(s)
The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	<u>.</u> 25
by	<u> </u>	2021 AUG ATLAHA
	(voting group)	量 告
Dated 8	1/21	-2 AH -2 AH
Signature	Kristina A. Maele	<u> </u>
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	n हिंदी हैं।
	Kristina A. Mack	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	