Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 03/20/18

Minimum Filing Fee $10.00 if changing the purpose an **additional $10** fee must be included

File No. 19710057ND Pages 2
Fee Paid $ 10
DCN 2050181600006 LNME
-----FILED-----
01/06/2005

Julie L Flynn
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

DOMESTIC
NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF AMENDMENT

Penobscot Bay Medical Associates, Inc.
(Name of Corporation)

Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: ("X" one box only.) [X] public benefit corporation [ ] mutual benefit corporation

SECOND: Describe **NATURE OF CHANGE** (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as **TEXT** of amendment. Attach additional pages as needed.

Change in Name of Corporation

The name of the corproation shall be: Martin's Point Health Care, Inc.

FORM NO. MNPCA-9 (1 of 2)

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FOURTH: **(Foreign Corporation Only)**

Jurisdiction of incorporation _____ and the date on which

the corporation was authorized to carry on activities in Maine _____

DATED 1-3-2005

*By _____
(signature)

David Howes - President
(type or print name and capacity)

*By _____
(signature)

Katherine Greenleaf - Secretary
(type or print name and capacity)

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*If this is a domestic corporation, this document **MUST** be signed by: (13-B MRSA §104.1.B)

(1) the **Clerk or Secretary OR**
(2) the **President** or a Vice-President **together with** the **Secretary** or an assistant. secretary, or a 2nd certifying officer **OR**
(3) if no such officers, then a majority of the **Directors OR**
(4) if no such directors, then the **Members.**

***If** this is a foreign corporation, this document **MUST** be signed by any duly authorized individual. (13-B MRSA §104.1.D)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
TEL. (207) 624-7740

FORM NO. MNPCA-5 (2 of 2) Rev. 8/1/2004

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