





JUAN C. GONZALEZ, PH.D.  
*CEO*

**Officers**

Henry E. Landa, CFP  
*President*

Eve J. Lominac, CPA  
*Vice-President*

Armando Graupera  
*Secretary*

Thomas E. Garland, CPA  
*Treasurer*

**Board of Directors**

Stephen Makar  
Victor Balestra, MBA  
Lisa Sanders

**Advisory Council**

Antonio N. Fins, Ph.D.  
J. Bruce Irving, Esq.  
Robin Landers, CLU  
Michael P. Connolly, Ph.D.  
Felix Martinez  
Sydney Neuhaus  
Betty Metcalf, Ph.D., *Emeritus*  
Dean Schwartz

Accredited by:  
The American Psychological  
Association (APA)  
(Pre-Doctoral Clinical Psychology  
Internship Program)



August 17, 2015

Amendment Section  
Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Completed Articles of Amendment Form

Dear Sir or Madam:

Enclosed are two copies of our completed Articles of Amendment along with our check for \$43.75, the filing fee for these changes and a Certified Copy.

Please note that we have changed our Registered Agent and made changes under the Officers and/or Directors. There are three persons removed, two persons added, and address changes for three officers.

If there is any question about or problem with this form, please contact me at (305) 687-3262 or [mcandib@icfhinc.org](mailto:mcandib@icfhinc.org). Thank you for your attention to this matter.

Sincerely,

INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.

Maureen Candib  
Administrative Counsel



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.

DOCUMENT NUMBER: 707228

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

Please return all correspondence concerning this matter to the following:

Alan Silverman

\_\_\_\_\_  
(Name of Contact Person)

Institute for Child and Family Health, Inc.

\_\_\_\_\_  
(Firm/ Company)

15490 N.W. 7th Avenue, Suite 200

\_\_\_\_\_  
(Address)

Miami, Florida 33169

\_\_\_\_\_  
(City/ State and Zip Code)

asilverman@icfhinc.org

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

For further information concerning this matter, please call:

Maureen Candib

305687-3262

\_\_\_\_\_  
(Name of Contact Person)

at \_\_\_\_\_  
(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 checked="" 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 is<br>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

INSTITUTE FOR CHILD AND FAMILY HEALTH, INC.

FILED  
15 AUG 24 AM 8:12

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

707228

TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

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

N/A

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

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

N/A

*(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:*

Alan Silverman

c/o ICFH, 15490 N.W. 7th Avenue, Ste 200

*(Florida street address)*

*New Registered Office Address:*

Miami

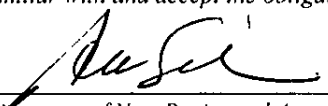
*(City)*

Florida 33169

*(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

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Henry E. Landa</u>	<u>c/o ICFH, 15490 N.W. 7 Avenue</u> <u>Suite 200</u> <u>Miami, FL 33169</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CEO</u>	<u>Juan C. Gonzalez</u>	<u></u> <u></u> <u></u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Robert D. Nolan</u>	<u>c/o ICFH, 15490 N.W. 7 Avenue</u> <u>Suite 200</u> <u>Miami, FL 33169</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ATTY</u>	<u>Maureen Candib</u>	<u></u> <u></u> <u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CFO</u>	<u>Irene M. Phillips</u>	<u></u> <u></u> <u></u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Armando Graupera</u>	<u>c/o ICFH, 15490 N.W. 7 Avenue</u> <u>Suite 200</u> <u>Miami, FL 33169</u>

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Thomas Garland</u>	<u>c/o ICFH, 15490 N.W. 7 Avenue</u> <u>Suite 200</u> <u>Miami, FL 33169</u>
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Eve J. Lominac</u>	<u>c/o ICFH, 15490 N.W. 7 Avenue</u> <u>Suite 200</u> <u>Miami, FL 33169</u>
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	_____	_____	_____



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

Effective date if applicable: \_\_\_\_\_  
(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/20/15

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Henry E. Landa

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)