N12000004109

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SECRETARY 18 PH 5: 32

Amend

MAY 2 3 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

2. Vision of corporations		
NAME OF CORPORATION: Healthcare	Services of	South Florida, Inc.
DOCUMENT NUMBER: N12000041		
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Barbara B. Morrissette		
(Na	ame of Contact Person)
Healthcare Services of So	uth Florida	a, Inc.
	(Firm/ Company)	
931 Village Boulevard, Su	ite 905-18	2
	(Address)	
West Palm Beach, FL 334	.09	
(Ci	ty/ State and Zip Code)
Healthcareservices	~~~	
E-mail address: (to be used for	•	iotification)
For further information concerning this matter, please call		
Barbara B. Morrissette	_{at (} 561	801-2191
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Depa	rtment of State:
· ·	S43.75 Filing Fee & Certified Copy Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

12 MAY 18 PM 5: 32

Healthcare Services of South Florida, Inc.

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

SEBRETARY SE STATE

(Documer	nt Number of Corporation	n (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora		nis Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
		" or "incorporated" or the abbreviation "Corp.	
"Company" or "Co." may not be used in		1/2	
B. Enter new principal office address,	it applicable:	I/A	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
			_
C. Enter new mailing address, if appli		I/A	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		_
			
			
new registered agent and/or the nev		ddress in Florida, enter the name of the ress:	
Name of New Registered Agent:	N/A		
Name of New Registerea Agent.	N/A		
		rida street address)	
New Registered Office Address:	(2.22		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	honging Dogistored Ag	ont:	
		ent: ar with and accept the obligations of the positio	n.
	= ,		

Signature of New Registered Agent, if changing

If amending	the Officers and/	or Directors, ente	er the title and name	of each officer/e	director being	removed and title	name, and
address of ea	ich Officer and/or	Director being a	dded:				

(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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add Remove	_	_	N/A	
2) Change Add Remove		_		
3) Change Add Remove		_ -		
4) Change Add Remove		_		
5) Change Add Remove				
6) Change Add Remove		_		

(attach additional sheets, if necessary). (Be specific)
Article III: Purpose (to be amended):
The purpose of this organization shall be to provide an array of outpatient healthcare services and education, including
preventative screening, testing and treatment interventions for men, women and teens to assist in healthy decision-making.
Article VIII: Dissolution (to be added)
The Corporation may be dissolved by a two-thirds (2/3) vote of the Board of Directors then serving provided
that notice of the proposed dissolution has been submitted to the Directors in writing with written notice of
the meeting date to decide on the proposed dissolution at least thirty (30) days prior to the meeting date. In
the event of dissolution, the Board shall dispose of all of the net assets of the Corporation exclusively to
other selected organization(s) under section 501(c)(3) of the Internal Revenue Code. Any remaining assets
not disposed of by the Board shall be disposed of by the Court in the jurisdiction in which the principal office
of the Corporation is then located, exclusively for such purposes or to such organizations.
·

Γhe	e date of each amendment(s) adoption: May 11, 2012 (both Articles)
	ective date if applicable: May 11, 2012
	(no more than 90 days after amendment file date)
Ado	option of Amendment(s) (<u>CHECK ONE</u>)
	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 May 11, 2012 Signature Borbera B. Morrisitte
	• • • • • • • • • • • • • • • • • • • •
	(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)
	Barbara B. Morrissette
	(Typed or printed name of person signing)
	Assistant Secretary
	(Title of person signing)