

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ROSSWAY MOORE & SWAN, P.L.  
Account Number : I20050000159  
Phone : (772) 564-7844  
Fax Number : (772) 564-7845

NOV 26 2013

R. WHITE

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

Email Address: lsciarrino@wholefamilyhealthcenter.org

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AIDS RESEARCH & TREATMENT CENTER MEDICAL  
PROPERTIES,

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 25 PM 12:34

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Aids Research & Treatment Center Medical Properties, Inc.

DOCUMENT NUMBER: N12000007309

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

Please return all correspondence concerning this matter to the following:

John E. Moore, III, Esquire

(Name of Contact Person)

Rossway Moore Swan, PL

(Firm/ Company)

2101 Indian River Boulevard, Suite 200

(Address)

Vero Beach, Florida 32960

(City/ State and Zip Code)

Is-ciarrino@wholefamilyhealthcenter.org

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

For further information concerning this matter, please call:

John E. Moore, III

(Name of Contact Person)

at 772 231-4440

(Area Code & Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" 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 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

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13 NOV 25 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
ofAids Research & Treatment Center Medical Properties, Inc.(Name of Corporation as currently filed with the Florida Dept. of State)N12000007309(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:**Whole Family Health Center Foundation, Inc.*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:***(Principal office address MUST BE A STREET ADDRESS)*725 North U.S. Highway 1Fort Pierce, FL 34950**C. Enter new mailing address, if applicable:***(Mailing address MAY BE A POST OFFICE BOX)*725 North U.S. Highway 1Fort Pierce, FL 34950**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:Lydia Sciarrino725 North U.S. Highway 1*(Florida street address)*New Registered Office Address:Fort Pierce*(City)*Florida34950*(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*

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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><br>(Check One)   | <u>Title</u>    | <u>Name</u>               | <u>Address</u>  |
|--|-----------------|---------------------------|---|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Chairman</u> | <u>Chris Dzadovsky</u>    | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Director</u> | <u>Burton Lee</u>         | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Director</u> | <u>Annazetta Johnson</u>  | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |
| 4) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Director</u> | <u>Dennis Hardcastle</u>  | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |
| 5) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Director</u> | <u>Corwin A. McCammon</u> | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |
| 6) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Director</u> | <u>Marle M. Remy</u>      | <u>725 North U.S. Highway 1</u><br><u>Fort Pierce, FL 34950</u> |

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| <u>Type of Action</u>                          | <u>Title</u>    | <u>Name</u>               | <u>Address</u>                                    |
|--|-----------------|---------------------------|---|
| 7) <input checked="" type="checkbox"/> Change  | <u>Director</u> | <u>Mary Simons</u>        | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 8) <input checked="" type="checkbox"/> Change  | <u>Director</u> | <u>George S. Sides</u>    | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 9) <input checked="" type="checkbox"/> Remove  | <u>Director</u> | <u>Barbara Wilkins</u>    | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 10) <input checked="" type="checkbox"/> Remove | <u>Director</u> | <u>Veronica Tampone</u>   | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 11) <input checked="" type="checkbox"/> Add    | <u>Director</u> | <u>Paul Shields</u>       | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 12) <input checked="" type="checkbox"/> Add    | <u>Director</u> | <u>Matthew Hurley</u>     | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |
| 13) <input checked="" type="checkbox"/> Add    | <u>Director</u> | <u>Robert W. Brockway</u> | 725 North U.S. Highway 1<br>Fort Pierce, FL 34950 |

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

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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)

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

Signature

November 21, 2013  
[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)

Chris Dzadovsky

(Typed or printed name of person signing)

Chairman

(Title of person signing)