

N16000005177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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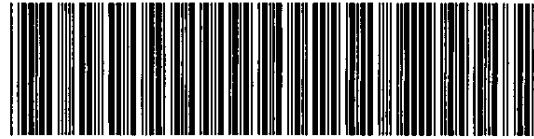
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

SEP 21 2015
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'CHECK No 1032''

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TOTAL HEALTH EDUCATION SERVICES INC

DOCUMENT NUMBER: N16000005177

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

Please return all correspondence concerning this matter to the following:

JOSEPH P. HINCKLEY

(Name of Contact Person)

TOTAL HEALTH EDUCATION SERVICES INC

(Firm/ Company)

4340 N.E. 5TH AVE

(Address)

BOCA RATON, FLORIDA 33431

(City/ State and Zip Code)

joehinckley@gmail.com

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

For further information concerning this matter, please call:

Joseph P. Hinckley

(561)

544-8110

at

(Name of Contact Person)

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TOTAL HEALTH EDUCATION SERVICES INC

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

N16000005177

(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:

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

N/A

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

Florida

(City)

(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.

N/A

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) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			
2) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			
3) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			
4) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			
5) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			
6) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	
<u> </u> Add			
<u> </u> Remove			

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

ARTICLE III (replace or change to meet IRS request) [Amend to read:]

The specific purpose for which the corporation is organized is: To exclusively provide for charitable and educational purposes a continuing medical education to physicians to elevate their patient's care. This purpose is within the meaning of Section 501(c)(3) of the Internal Revenue Code. The physician can express this goal through lifelong learning to the benefit of patients that they treat.

ARTICLE VII should be changed to ARTICLE VIII

ARTICLE VII [now inserted and should now read as follows] (this is to meet IRS clause for dissolution)

The dissolution of the organization's assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or shall be distributed to the federal government, or to a state or local government for a public purpose.

ARTICLE VIII (is now in place of the old Article VII)

September 8, 2016

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

September 8, 2016

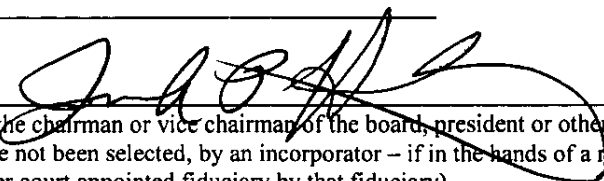
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 September 8, 2016

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)

Joseph P. Hinckley

(Typed or printed name of person signing)

Secretary / Treasurer

(Title of person signing)

**Electronic Articles of Incorporation
For**

N16000005177
FILED
May 20, 2016
Sec. Of State
tjschroeder

TOTAL HEALTH EDUCATION SERVICES INC

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

No Change

The name of the corporation is:

TOTAL HEALTH EDUCATION SERVICES INC

Article II

No Change

The principal place of business address:

4340 NE 5TH AVE
BOCA RATON, FL. US 33431

The mailing address of the corporation is:

4340 NE 5TH AVE
BOCA RATON, FL. 33431

Article III

→

"replace with new wording"

The specific purpose for which this corporation is organized is:

~~TO PROVIDE CONTINUING MEDICAL EDUCATION IN ELEVATING
PATIENT CARE. THE PHYSICIAN CAN EXPRESS THIS GOAL THROUGH
LIFELONG LEARNING IN ORGANIZED EDUCATIONAL ACTIVITIES AND
PROFESSIONAL RELATIONSHIPS.~~

Article IV

No Change

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

No Change

The name and Florida street address of the registered agent is:

JOSEPH P HINCKLEY
4340 NE 5TH AVE
BOCA RATON, FL. 33431

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JOSEPH P HINCKLEY

Article VI

No Change

N16000005177
FILED
May 20, 2016
Sec. Of State
tjschroeder

The name and address of the incorporator is:

JOSEPH P HINCKLEY
4340 NE 5TH AVE

BOCA RATON, FL 33431

Article VII

// Insert New //
ARTICLE

Electronic Signature of Incorporator: JOSEPH P HINCKLEY

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

~~Article VII~~

→ By Amendment

The initial officer(s) and/or director(s) of the corporation is/are:

becomes

Title: P
SARAH LOUDEN
20283 STATE ROAD 7, SUITE 300
BOCA RATON, FL. 33498

Article VIII

Title: VP
EVA CAPPS
20283 STATE ROAD 7, SUITE 300
BOCA RATON, FL. 33498

Title: S,T
JOSEPH P HINCKLEY
4340 NE 5TH AVE
BOCA RATON, FL. 33431 US

= changes