

N95000002162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form
Profit - Nonprofit
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Synergy Health Centers, Inc.

DOCUMENT NUMBER: N95000002162

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

Please return all correspondence concerning this matter to the following:

Wilma Williams

(Name of Contact Person)

Synergy Health Centers, Inc.

(Firm/ Company)

5508 N. 50th St., Suite 7

(Address)

Tampa FL 33610

(City/ State and Zip Code)

wilma.williams@thap-inc.org

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

For further information concerning this matter, please call:

Wilma Williams

(813)

626-4926

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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of
Synergy Health Centers, Inc.

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

N95000002162

(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:

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)

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

(Florida street address)

New Registered Office Address:

_____, 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.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>C</u>	<u>Dr. Theresa Lewis</u>	<u>5508 N. 50th St. Suite 7</u>
<input type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>C</u>	<u>Ingrid D. Young</u>	<u>5508 N. 50th St., Suite 7</u>
<input type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>VC</u>	<u>Zacharry Wilson</u>	<u>5508 N. 50th St., Suite 7</u>
<input type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>BM</u>	<u>Nhari Fitzgerald</u>	<u>5508 N. 50th St., Suite 7</u>
<input type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>BM</u>	<u>Norman Harris</u>	<u>5508 N. 50th St., Suite 7</u>
<input checked="" type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input type="checkbox"/> Remove			
6) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Leerone Benjamin</u>	<u>5508 N. 50th St., Suite 7</u>
<input type="checkbox"/> Add			<u>Tampa FL 33610</u>
<input type="checkbox"/> Remove			


7) X Add ED Wilma J. Williams

5508 N. 50th St., Suite 7

Tampa FL 33610

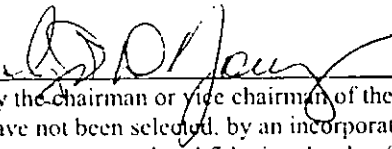
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

 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 October 25, 2024

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)

Ingrid D. Young

(Typed or printed name of person signing)

Board Chair

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2024

WILMA WILLIAMS
5508 N. 50TH ST.
SUITE 7
TAMPA, FL 33610

8/16/2024
PW

SUBJECT: SYNERGY HEALTH CENTERS, INC.
Ref. Number: N95000002162

We have received your document for SYNERGY HEALTH CENTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00017510



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2024

WILMA WILLIAMS
5508 N. 50TH ST.
SUITE 7
TAMPA, FL 33610

SUBJECT: SYNERGY HEALTH CENTERS, INC.
Ref. Number: N95000002162

We have received your document for SYNERGY HEALTH CENTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 424A00020412

