

N9700002128

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

****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.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WHOLE FAMILY HEALTH CENTER, INC.**

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

*Amend
@ 12/19/13*

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Whole Family Health Center, Inc.

DOCUMENT NUMBER: N97000002128

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

(Name of Contact Person)

Rossway Moore Swan, PL

(Firm/ Company)

2101 Indian River Blvd., Suite 200

(Address)

Vero Beach, FL 32960

(City/ State and Zip Code)

Isclarrino@wholefamilyhealthcenter.com

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 &
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

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Articles of Amendment
to
Articles of Incorporation
of

Whole Family Health Center, Inc.

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

N97000002128

(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)

725 North Highway U.S. 1

Fort Pierce, FL 34950

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

725 North Highway U.S. 1

Fort 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 Sciarrino

725 North Highway U.S. 1

(Florida street address)

New Registered Office Address:

Fort Pierce

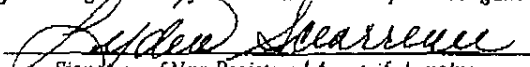
(City)

Florida 34950

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Veronica Tempone	706 North 7th Street Fort Pierce, FL 34950
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Robert Brockway	725 North Highway U.S. 1 Fort Pierce, FL 34950
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Corwin McCammon	725 North Highway U.S. 1 Fort Pierce, FL 34950
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Mary Sirmons	725 North Highway U.S. 1 Fort Pierce, FL 34950
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Chris Dzadovsky	725 North Highway U.S. 1 Fort Pierce, FL 34950
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Marie Remy	725 North Highway U.S. 1 Fort Pierce, FL 34950

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Dec. 18. 2013 3:41PM Rossway Moore Swan

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<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <u>X</u> Change	<u>Treasurer</u>	<u>George Sides</u>	725 North U.S. Highway 1 Fort Pierce, FL 34950
8) <u>X</u> Change	<u>Director</u>	<u>Burton Lee</u>	725 North U.S. Highway 1 Fort Pierce, FL 34950
9) <u>X</u> Change	<u>Director</u>	<u>Annazette Johnson</u>	725 North U.S. Highway 1 Fort Pierce, FL 34950
10) <u>X</u> Change	<u>Director</u>	<u>Dennis Hardcastle</u>	725 North U.S. Highway 1 Fort Pierce, FL 34950

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No. 9022 P. 6

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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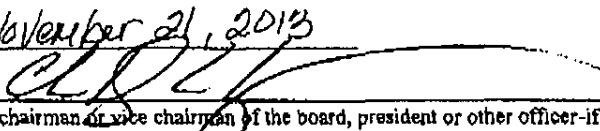
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 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)

President

(Title of person signing)

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