197000007041

(Red	questor's Name)	
(Add	lress)	
. (Add	lress)	
(City	/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900076481669

06/30/06--01050--002 **35.00

mend.



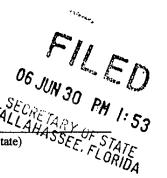
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Total Heal	th Choice, Inc.
DOCUMENT NUMBER: N9700000704	ŀ1
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Bill Hammond	
(Name of	f Contact Person)
Nuyen, Tomtishen and Aoun	, P.C.
(Firm	n/ Company)
640 Griswold	
. (,	Address)
Northville, MI 48167	
(City/ Sta	ate and Zip Code)
For further information concerning this matte	r, please call:
Bill Hammond	at (248) 449-2700
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	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	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 Choice, Inc.

(Name of corporation as currently filed with the Florida Dept: of State

N97000007041

(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:

NEW CORPORATE NAME (if changing):

	1	•
м		43

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article I (Corporate Name) is amended to read in its entirety as follows:

The name of the corporation is Total Health Choice, Inc. (hereinafter, the

"Corporation"). The current principal office of the Corporation shall be located at 8701 S.W. 137th Avenue, Suite 200, Miami, Florida 33183.

Article III (Membership; Selection of Board of Directors) is amended to read in its entirety as follows:

The sole corporate member of the Corporation shall be Total Health Care, Inc., a Michigan nonprofit corporation. The corporate member shall have the right to select the board of directors of the Corporation, as described in the Bylaws. The qualifications and rights of corporate members shall be as set forth in the Corporation's Bylaws.

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: March 24, 2006			
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 cas for the amendment was sufficient for approval.			
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.			
Signature lyk Ellyat			
(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.)			
Lyle E. Algate			
(Typed or printed name of person signing)			
President			
(Title of person signing)			

FILING FEE: \$35