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LAW OFFICES

WALLACE, BAUMAN, LEGON, FODIMAN & SHANNON, P.A.

BRYAN W. BAUMAN
TODD A. FODIMAN
DAVID M. KNASEL
TODD R. LEGON
JANET B. SALZMAN
MICHAEL G. SHANNON
MILTON J. WALLACE

1200 BRICKELL AVENUE
SUITE 1720
MIAMI, FLORIDA 33131
TELEPHONE (305) 444-9991
FAX (305) 444-9937
E-MAIL
LAWFIRM@WALLACEBAUMAN.COM

November 18, 1999

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

700003055377-3
-11/29/99-01110-013
*****52.50 *****52.50

RE: **Qualified Healthcare Staffing, Inc.**

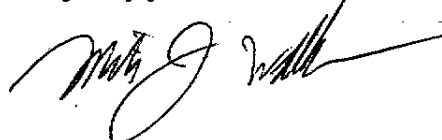
Gentlemen:

Enclosed herewith are the original and one copy of an Amendment to the Articles of Incorporation of the above-referenced corporation, along with our check in the amount of \$52.50.

Please file the Amendment and return a certified copy to the undersigned.

Thank you for your cooperation.

Very truly yours,



MILTON J. WALLACE

MJW/tz
Encl.

FILED
99 NOV 29 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nc

T. LEWIS DEC 6 1999

**AMENDMENT TO ARTICLES OF INCORPORATION
OF
QUALIFIED HEALTHCARE STAFFING, INC.**

We, the undersigned, Audreya McLean and Diana McLean, President and Secretary of QUALIFIED HEALTHCARE STAFFING, INC., a corporation organized and existing under the laws of the State of Florida (hereinafter referred to as the "Corporation") hereby certify and affirm that the following Amendment to the Corporation's Articles of Incorporation was duly adopted by a majority of the shareholders of the Corporation by written action in accordance with Florida Statutes § 607.0740.

RESOLVED, that Article One of the Corporation's Articles of Incorporation is hereby amended to read as follows:

ARTICLE ONE

The name of this corporation shall be:

QUALIFIED HEALTHCARE STAFFING NURSE REGISTRY, INC.

A majority of the shareholders approved the Amendment on November 15, 1999.

IN WITNESS WHEREOF, the undersigned have executed this Amendment to the Articles of Incorporation of QUALIFIED HEALTHCARE STAFFING, INC. on this 18 day of November, 1999.

QUALIFIED HEALTHCARE STAFFING, INC., a
Florida corporation

By: _____

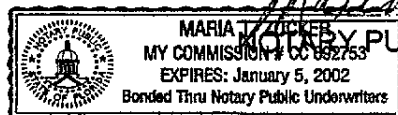
AUDREYA McLEAN, President

Attest: _____

DIANA McLEAN, Secretary

I HEREBY CERTIFY that AUDREYA McLEAN and DIANA McLEAN, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, this day personally appeared before me as the President and Secretary, respectively, of QUALIFIED HEALTHCARE STAFFING, INC., and they acknowledged that they executed the foregoing instrument fully and voluntarily for the use and purpose therein expressed.

SWORN TO AND SUBSCRIBED before me this 18th day of November, 1999.



My Commission Expires:

FILED
NOV 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA