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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Requestor's Name)						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Address)						
PICK-UP WAIT MAIL (Business Entity Name)	(Address)						
(Business Entity Name)	(City/State/Zip/Phone #)						
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STRAUGHN, STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN MARK G. TURNER PAUL L. KUTCHER*Δ

> JACK STRAUGHN (1925-2000)

" ALSO ADMITTED IN PENNSYLVANIA & CENTIFIED GIRCUIT & COUNTY CIVIL MEDIATOR 255 Magnolia Avenue SW Winter Haven, Florida 33880

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July 2, 2004

Florida Department of State Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

RE:

Amendment to Articles of Organization for

Pro Med Medical Staffing, LLC.,

now known as PRO MED HEALTHCARE SERVICES, LLC.

Our File No.: 7038/001

Dear Sir:

Enclosed for filing in connection with the above-referenced matter, please find the Articles of Amendment to the Articles of Organization, together with our firm's check made payable to the Florida Department of State, in the total amount of \$30.00 which represents the filing fee of \$25.00, and \$5.00 which represents the cost for a Certificate of Status.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN, STRAUGHN & TURNER, P.A.

MARK G. TURNER

MGT/djb enclosures

cc: Steven D. Trinklein, Member

promed lic-letter/fladept.namechange

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRO MED MEDICAL STAFFING, LLC (Present Name)

	(A F	lorida Limited	Liability Company)				
FIRST:	The Aticles of Organization were document number L 040000041		June 2, 2004 	and assigned			
SECOND:	The following amendment(s) to liability company:	the Articles	of Organization	was/were adopted by	the limite	ed	
	Article I of the Articles of Organiz	ation is amend	ded to read as follo	ows:			
		ARTICLE	I				
The name of the Limited Liability Company is:							
	PRO MED H	IEALTHCARE	SERVICES, LLC				
Dated	July 2	2004			***		

Dated_

Filing Fee: \$25.00

Signature of a Member or Authorized Representative of a Member

STEVEN D. TRINKLEIN. Member
Typed or Printed Name of Signee