POQQOO52259 FOTAL MED FINETWORK

February 8, 2002

Division of Corporations PO Box 6327 Tallahassee, FL 32314 900004929293--5 -02/15/02--01030--010 ******70.00 ******35.00

To Whom It May Concern:

Enclosed please find the following:

1. Check #511 in the amount of \$43.75 representing \$35.00 amendment filing fee plus \$8.75 for a certified copy.

2. Check #512 in the amount of \$70.00 representing \$35.00 to amend Registered Agent address and \$35.00 for Resignation of Corporate Officer.

If you have any questions, please call me at 904-861-2156.

Thank you.

Sincerely,

Susan Gallagher

Administrative Assistant

Encl.

SECRETARY OF STATE IVISION OF CORPORATIONS D2 FEB 15 AMII: 36

OD/RUS 2/18/02

OFFICER / DIRECTOR RESIGNATION

I, William Shields , hereby resign as President (Title)	
of Total Med Network Inc. (Name of Corporation)	_
a corporation organized under the laws of the State of FLocida	ur sy s
and affirm that the corporation has been notified in writing of the resignation. (Signature of resigning officer/director)	

SECRETARY OF STATE DIVISION OF CORPORATIONS

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314