(Requestor's Name) (Address) 100014839491 (Address) (City/State/Zip/Phone #) 04/01/03--01020--006 **35.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status

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Division Of Corporations PO Box 6327 Tallahassee, FL 32314

March 26th, 2003

Following is the form to amend a profit corporation. A check for \$35 is also enclosed.

If there are any further questions, I may be reached in the following manner.

Thank you,

Lisa Mustelier President, Mustelier Medical Training, Inc.

Mail – 3820 SW 60th Terrace Davie, FL 33314-2532

Phone/Fax - (954) 321-2293

Email - info@medtraining911.com



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2003

LISA MUSTELIER 3820 SW 60TH TERRACE DAVIE, FL 33314-2532

SUBJECT: MUSTELIER MEDICAL TRAINING INC.

Ref. Number: P01000003933

We have received your document for MUSTELIER MEDICAL TRAINING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

PLEASE REMOVE THE COMMA FROM THE CURRENT CORPORATE NAME.

SINCE THE LAST BOX IS CHECKED IN PART FOURTH, THE SIGNOR'S TITLE MUST INCLUDE "INCORPORATOR".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF



Mustelier Medical Training, Inc.
 (present name)

P01000003933

(Document Number of Corporation (If known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article I - Name

The name of the corporation shall be changed to Medtraining 911 Inc.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

FOURTH:	: Adoption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were approved by the shareholders. The number of votes car for the amendment(s) was/were sufficient for approval.	st
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled separately on the amendment(s):	to vote
	"The number of votes cast for the amendment(s) was/were sufficient for approval by	11
	(voting group)	
Ø	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
	The amendment(s) was/were adopted by the incorporators without shareholder action has not required.	ion and
	Signed this	
Signature_	(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)	- -
Signature_	By the Chairman or Vice Chairman of the Board of Directors. President or other officer if adopted by the shareholders) OR	<u> </u>
Signature_	the shareholders)	- -
Signature_	the shareholders) OR	- -
Signature_	OR (By a director if adopted by the directors)	- <u>-</u> .
Signature_	OR (By a director if adopted by the directors) OR	- <u>-</u>
Signature_	OR (By a director if adopted by the directors) OR (By an incorporator if adopted by the incorporators)	
Signature_	OR (By a director if adopted by the directors) OR (By an incorporator if adopted by the incorporators) Lisa M. Mustelier	-