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August 12, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

400007076594--2

-08/13/02--01052--001

\*\*\*\*\*43.75 \*\*\*\*\*43.75

Re: Naples Microdermabrasion Center, Inc.

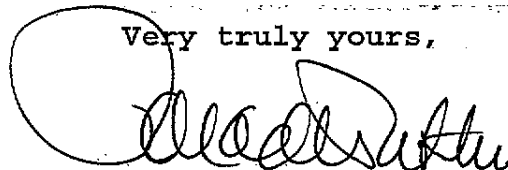
Dear Ladies:

Enclosed please find an original and one (1) copy of Articles of Amendment for the captioned corporation, changing its name to "Derma Clinic of Naples, Inc."

Also enclosed is my check for \$43.75 for filing of this document and for a certified copy thereof.

Please file same and return the certified copy to the address shown above.

Very truly yours,



RONALD W. RITCHIE

/rwr  
Enclosures

FILED  
02 AUG 13 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO1000044086  
308 NC 8-13-02  
Auth Copy CM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
NAPLES MICRODERMABRASION CENTER, INC.


FILED  
02 AUG 13 AM 11:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Chapter 607, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation filed April 30, 2001 under Document No. P01000044086.

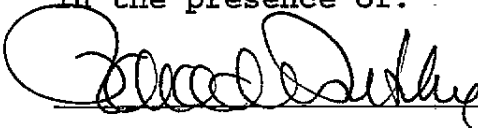
**FIRST:** The text of the Amendment to the Articles of Incorporation, as proposed by the Board of Directors of the corporation is "The name of the Corporation is amended to be DERMA CLINIC OF NAPLES, INC.".

**SECOND:** The foregoing Amendment was approved and adopted by the vote of 100% of the Corporation's only class of Shareholders, said vote being sufficient for approval thereof, on the 9th day of August, 2002.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal to these Articles of Amendment this 12th day of August, 2002.

  
DEBRA L. VICTOR,  
President/Sole Director

Signed, sealed and delivered  
in the presence of:



STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me on this  
12th day of August, 2002, by DEBRA L. VICTOR, who is personally  
known to me and who did not take an oath.



NOTARY PUBLIC

Print Name -

Commission Number -

My Commission Expires:

( S E A L )

