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COVER LETTER

TO: Amendment Section Division of Corporations

	ı.				
NAME OF CORPORATION: HEALTHY 6	FEART SLEEP ACQUISITION CORF				
DOCUMENT NUMBER: P 0500016	2502				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
PAUL M. STANLE (Name of Co	toot Barrown)				
(Name of Co	maci Feison)				
SAME AS ABOVE (Firm/C	ompany)				
16601 MILAN DE	1 1				
TAMPA FL 336 (City/ State a	N3				
For further information concerning this matter, plea	se call:				
ART BRAOJ (Name of Contact Person)	at (813) 368.4674 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section	Street Address Amendment Section				
Division of Corporations	Division of Corporations				
DO Day 6227	Cliffon Duilding				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HEALTHY HEART	SLZED A	CausiTion	N CORP			
(Name of corpora	tion as currently fil	led with the Florid	a Dept. of State) ALLY	06 JA	TI
0050	0001625			HAT	2 2	
	ument number of c		wn)		=	1
(500	unione namoer of c	;		1⊂	子	7
Pursuant to the provisions of section	607.1006, Flori	da Statutes, this	s Florida Pro	fit Corpor	ation?	
adopts the following amendment(s) t	o its Articles of	Incorporation:		ROV	न ज	
NEW CORPORATE NAME (if ch	anging):	1 1 1		J		
CARDIOVASCULAR	5,000	Center	of A	neric	a,I	In C
(Must contain the word "corporation," "com	pany." or "incorpo	rated" or the abbre	viation "Corp.,"	"Inc.," or "(Co.")	
(A professional corporation must contain the	e word "chartered"	, professional ass	ociation," or the	abbreviation	"P.A.")	}
ARGENINAGENIES ADODES COT	PETER TELLANIN	 	NEN Indicate	A mtiala Nīno	nh ar(a)	١
AMENDMENTS ADOPTED- (OT and/or Article Title(s) being amende		I .		Milicie Nui	noer(s))
and of a finder a fine (o) some amonas	a,	<u> </u>	====/		•	
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	(Attach additional p	pages if necessary)	, , , , , , , , , , , , , , , , , , ,	٠		
If an amendment provides for excha-	nge, reclassifica	tion, or cancell	ation of issue	d shares, p	rovisio	ns
for implementing the amendment if						
	1					
	* 1,	, , , , , , , , , , , , , , , , , , , 				
						*2" ;
			i.		. -	

(continued)

The date of each amendment(s) adoption: 1/13/2006
Effective date if <u>applicable</u> : 122006 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
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 and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
PAUL M. SHAWLEY (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35