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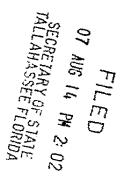
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LAW OFFICES OF KENNEDY • TRINLEY • ET AL. • P.L.

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DANA M. SANTINO, P.A., L.L.M. Taxation ***

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- * Board Certified in Taxation
- Federal Tax Counsel to the Firm Admitted in Ohio Only, Practice Limited To Matters of Federal Tax Law
- ** Also Admitted in Colorado and Montana
- *** Also Admitted in New York and the District of Columbia

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August 13, 2007

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Wound Care Associates of America PA

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Incorporation for the above named referenced. Also enclosed is our check #6885 in the amount of \$35.00 representing filing fees.

Should you have any question or comments regarding this letter or its enclosures, please do not hesitate to contact me.

Sincerely,

KENNEDY TRINLEY ET AL, P.L.

Carrie Rudd

Legal Assistant to Dana M. Santino

CR/ms Enc.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WOUND CARE ASSOCIATES OF AMERICA PA	
DOCUMENT NUMBER:	P0600105969	
The enclosed Articles of Amendme	nt and fee are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	Dana M. Santino, Esq.	
	(Name of Contact Person)	
	Kennedy, Trinley, Et Al., P.L.	
	(Firm/ Company)	, .
1675	Palm Beach Lakes Blvd., Ste 700	
	(Address)	-61
	West Palm Beach, FL 33401	
· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip Code)	
For further information concerning	his matter, please call:	
Richard J. Brietstein, D.F	2.M. at (954) 722-8080 (Area Code & Daytime Telephone Number	
(Name of Contact Person) Enclosed is a check for the followin		,
☑ \$35 Filing Fee ☐ \$43.75 Filing Certificate o	Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing	of Status opy Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

WOUND CARE ASSOCIATES OF AMERICA PA

	(Name of corporation as currently filed with the Florida Dept. of State)
	P06000105969
_	(Document number of corporation (if known)
	provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation wing amendment(s) to its Articles of Incorporation:
NEW CORPOR	RATE NAME (if changing):
	RICHARD J. BRIETSTEIN, D.P.M., INC.
	ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") poration must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) tle(s) being amended, added or deleted: (BE SPECIFIC)
	
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<u></u>	
	(Attach additional pages if necessary)
	provides for exchange, reclassification, or cancellation of issued shares, provisions the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
· · · · · · · · · · · · · · · · · · ·	

(continued)

The date of each amendment(s) adoption:		
Effective date if applicable:	July 1, 2007 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	vas/were approved by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval.	
	vas/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote nendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
☐ The amendment(s) v and shareholder acti	vas/were adopted by the board of directors without shareholder action on was not required.	
The amendment(s) v shareholder action w	vas/were adopted by the incorporators without shareholder action and vas not required.	
selecte	rector, president or other officer - if directors or officers have not been ad, by an incorporator - if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	Richard J. Brietstein, D.P.M.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

FILING FEE: \$35