APR-02-1997 16:46 FROM TO 919049224000 P.01

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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: UPCHURCH, BAILEY & UPCHURCH, P.A. ACCT#: 075350000207

CONTACT: JOHN D. BAILEY

PHONE: (904)829-9066 FAX #: (904)825-4862

NAME: ANASTASIA SPORTS REHAB, INC.

AUDIT NUMBER.....H97000005456

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS.....0 PAGES.....3

CERT. COPIES.....0 DEL.METHOD.....FAX

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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Audit # H97000005456

ARTICLES OF AMENDMENT TO THE

ARTICLES OF INCORPORATION

OF

ANASTASIA SPORTS REHAB, INC.

FILED
97 APR -3 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006, Florida Statutes (1996), the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is ANASTASIA SPORTS REHAB, INC.

2. The following Amendment to the corporation's Articles of Incorporation was adopted by the shareholders of the corporation on February 1, 1997, in the manner prescribed by the Florida General Corporation's Act:

ARTICLE I

Name

The name of this corporation is ABILITY REHAB SERVICES, INC.

3. The foregoing Amendment was recommended by the Board

Michael A. Siragusa
Upchurch, Bailey & Upchurch, P.A.
Post Office Box 3007
St. Augustine, FL 32085-3007
(904)829-9066
Florida Bar No. 0883905

of Directors and adopted by the affirmative vote of a majority of the shareholders entitled to vote thereon, at a meeting of the directors and shareholders held on February 1, 1997. The number of votes cast in favor was sufficient for approval.

Dated this 1 day of April.

ANASTASIA SPORTS REHAB, INC.

By: _____
Matthew J. Jeffs, PT
Its President

By: _____
Kimberly R. Jeffs, RN
Its Secretary

State of Florida
County of St. Johns

THE FOREGOING instrument was acknowledged before me this 1st day of April, 1997, by Matthew J. Jeffs and Kimberly R. Jeffs, who: (notary must check applicable box)

____ are personally known to me.
____ produced current driver's license(s) as identification.
____ produced _____ as identification.

Sharon L. Palmer
MY COMMISSION EXPIRES NOVEMBER 25, 1999
#CC 502351
NOTARY PUBLIC STATE OF FLORIDA

_____
Signature of Notary

_____
Name of Notary Typed, Printed or Stamped
My Commission Number: _____
My Commission Expires: _____

Michael A. Siragusa
Upchurch, Bailey & Upchurch, P.A.
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