June 13, 2002

Division of Corporations Attn: Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Amendment of the Articles of Incorporation

To whom it may concern:

Enclosed is a check in the amount of \$43.75 representing the filing fee for the article of amendment and certified copy of the amendment.

Please forward the certified copy of the amendment to:

Women's Health Care, Inc. 351 S. Cypress Rd. Ste. 400 Pompano Beach, Florida 33060

Any questions concerning this matter can be discussed with Jack Kelleher at 954-72 1776 ext. 117.

Respectfully,

Jack Kelleher For Malcolm Cohen 100005919991--06/24/02--01037--014 *****43.75 *****43.75

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF OF CERVICE, INC

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

FIRST: Amendment adopted:

That, Medics Van Service, Inc., organized under the laws of the State of Florida, with its principal office at 351 S. Cypress Road, Suite 400, in the City of Pompano Beach, County of Broward, State of Florida, 33060, amends Article I - Name. The amended name of the corporation is: Women's Health Care, Inc.

SECOND: The date of the amendment's adoption: March 1, 2002.

THIRD: Adoption of the Amendment

The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this 1st day of March, 2002

IN WITNESS WHEROF, the undersigned incorporator has executed this amendment to the Articles of Incorporation this 1st day of March, 2002

MALCOLM M. COHEN, Incorporator

STATE OF FLORIDA COUNTY OF BROWARD)

BEFORE ME, the undersigned authority authorized to take acknowledgments in the State and County set forth above, personally appeared MALCOLM COHEN, known to me to be the person who executed the forgoing amendment to the Articles of Incorporation of Medics Van Service, Inc. and he acknowledged to and before me that he executed this amendment freely and voluntarily for the purpose described herin.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, on this | ST | day of March, 2002

Print Name:

AFFIX SEAL:

KIM KOPACZ Notary Public, State of Florida

Bonded thru Ashton Agency, Inc. (800)451-4854