

Division of Corporations

Page 1 of 1

P96000015611

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : MEDICAL INDUSTRIES OF AMERICA, INC.
Account Number : I19980000026
Phone : (561) 737-2227
Fax Number : (561) 265-2869

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

BASIC AMENDMENT

CARE AMERICA INTEGRATED HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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To: Division of Corporations
Fax Number : (850)922-4000

From: Account Name : MEDICAL INDUSTRIES OF AMERICA, INC.
Account Number : I19980000026
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DIVISION OF CORPORATIONS

11/18/98 WED 10:39 FAX 5612652869 MEDICAL IND OF AMERICA
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002



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NOV 17 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 17, 1998

CARE AMERICA INTEGRATED HEALTH SERVICES, INC.
210 N WESTMONT DR
SUITE 1002
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CARE AMERICA INTEGRATED HEALTH SERVICES, INC.
REF: P96000015611

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell
Corporate Specialist

FAX Aud. #: H98000020989
Letter Number: 998A00055155

Audit No. H98000020989 3

**ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
CARE AMERICA INTEGRATED HEALTH SERVICES, INC.**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Provisions of the
Florida Business Corporation Act

CARE AMERICA INTEGRATED HEALTH SERVICES, INC. (the "Corporation"), a corporation organized and existing under the Florida Business Corporation Act, does hereby certify that, pursuant to the applicable section(s) of the Florida Business Corporation Act, the Shareholders and the Board of Directors of the Corporation adopted the following resolutions, effective as of November 2, 1998, which resolutions are in full force and in effect as of the date hereof:

WHEREAS, the Corporation is authorized by virtue of Article IX of its Articles of Incorporation (hereinafter the "Articles") to amend or repeal any provision contained in the Articles;

WHEREAS, the Shareholders and the Board of Directors of the Corporation, by resolution effective November 2, 1998, authorized the amendment set forth below to the Articles.

IT IS, THEREFORE,

RESOLVED, that Article I of the Articles is hereby amended as follows:

ARTICLE I

The name of the corporation is hereby changed to:

Care America A.L.C., Inc.

Audit No. H98000020989 3
Document No. P96000015611

1

Prepared By:
E. Nicholas Davis, III
Medical Industries of America, Inc.
1903 S. Congress Avenue, Suite 400
Boynton Beach, FL 33426
561-737-2227

Audit No. H98000020989 3

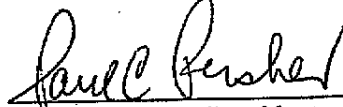
NOW THEREFORE

The foregoing was authorized by the Shareholders and the Board of Directors by written consent effective November 2, 1998.

Executed on November 5, 1998.

CARE AMERICA INTEGRATED HEALTH SERVICES, INC.

By:



Paul C. Pershes, President and Director

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

On this 5th day of November, 1998, before me, a Notary Public in and for the State and County aforesaid, personally appeared Paul C. Pershes, who either is known to me personally or who supplied _____ as identification, acknowledged to the fact that he is the President and Director of CARE AMERICA INTEGRATED HEALTH SERVICES, INC., and that he executed as said officer and director the foregoing Articles of Amendment of said Corporation as his act and deed and as the act and deed of said corporation.

WITNESS my hand and seal of office on the date and year first aforesaid.


NOTARY PUBLIC

Notary Public Commission expires:
[Notarial Seal]

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