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FILED
99 APR 26 PM 1:36
SECRETARY OF STATE
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April 22, 1999

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-04/26/99--01120--012
*****35.00 *****35.00

Re: Articles of Amendment to U.S. Health Care Management, Inc.

Dear Sir or Madam:

Enclosed please find Articles of Amendment for the above referenced corporation changing the name of said corporation to **Prevention Heart Labs, Inc.** along with my check in the sum of \$35.00 for the cost of filing same.

Please file the Articles and send me acknowledgment of same. I enclose a self addressed stamped envelope for your convenience.

Sincerely,

TERESA H. HARRISON, P.A.

Teresa H. Harrison

THH/t

enclosure

NC
5-3-99
DHS

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED

99 APR 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U.S. HEALTH CARE MANAGEMENT, INC.

KNOW ALL PERSONS BY THESE PRESENTS: I, the undersigned, Gene E. Myers, the President and Secretary of U.S. HEALTH CARE MANAGEMENT, INC. declare that on March 7, 1999, the shareholders of the Corporation did adopt an amendment to the Articles of Incorporation of the Corporation as follows:

Amendments

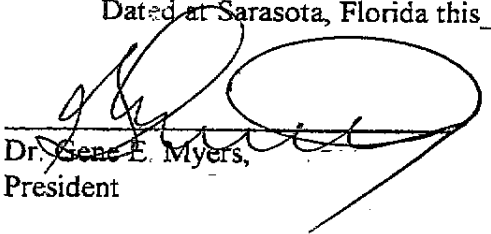
The name of the corporation shall be changed to:

Prevention Heart Labs, Inc.

The number of shares outstanding and entitled to vote is one hundred (100). The shareholder vote to adopt the Amendment to the Articles of Incorporation was unanimous.

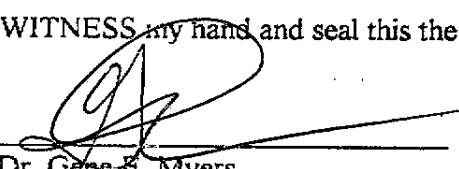
The Amendment does not effect a change in the amount of stated capital.

Dated at Sarasota, Florida this 7 day of March, 1999.


Dr. Gene E. Myers,
President

I, Dr. Gene E. Myers, Secretary of U.S. HEALTH CARE MANAGEMENT, INC., a Florida Corporation, do hereby certify that all of the Directors and all of the Shareholders of said Corporation have given their written consent to the adoption of the foregoing Amendment to the Certificate of Incorporation.

WITNESS my hand and seal this the 7 day of March, 1999.


Dr. Gene E. Myers,
Secretary


Dr. Gene E. Myers,
Director and Sole Shareholder

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Dr. Gene E. Myers, who ☒ is personally known to me, or who ☐ has produced _____ as identification, to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same, and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of March, 1999.



Notary Public

My Commission Expires:

EVA OBERMET
Notary Public - State of Florida
My Commission Expires Jan 24, 2003
Commission # CC804359