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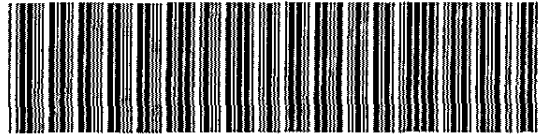
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/17/05--01066--003 \*\*43.75

N/C

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March 14, 2005

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Name Change - Mainstream Rehabilitation, Inc.

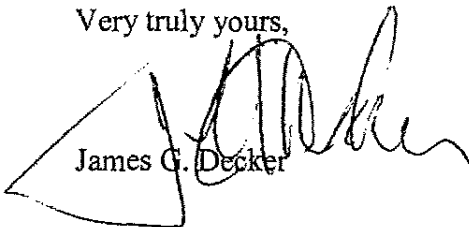
Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Amendment changing the name of Mainstream Rehabilitation, Inc., to **Athletic Medic, Inc.**

Our check in the amount of \$43.75 for filing fee and the return of a certified copy to the undersigned is enclosed.

Thank you for your assistance. Please advise if you have any further requirements.

Very truly yours,

  
James G. Decker

JGD:bk  
Enclosures

cc: R. Wade Stephan  
D. Hugh Kinsey, Esq.

ARTICLES OF AMENDMENT  
OF  
MAINSTREAM REHABILITATION, INC.

The Articles of Incorporation of Mainstream Rehabilitation, Inc., which were originally filed with the Office of the Secretary of State on April 6, 1998, are amended to change the name of the Corporation as shown below.

Article I of the Articles of Incorporation of Mainstream Rehabilitation, Inc., shall be amended as follows:

ARTICLE I. NAME AND ADDRESS

The name of the corporation is Athletic Medic, Inc.

9371 Cypress Lake Dr. Suite 20  
6876 Sedgewick Court, Fort Myers, Florida, 33919. *Jul*

The foregoing amendment was adopted and approved by a majority of the votes entitled to be cast on February 17, 2005, in the manner required by §607.1003, Florida Statutes, and by the Articles of Incorporation. The number of votes cast for the amendment was sufficient for approval by the shareholder.

IN WITNESS WHEREOF, the undersigned President of the corporation has executed the Articles of Amendment this 17<sup>th</sup> day of February, 2005.

MAINSTREAM REHABILITATION, INC

By *Jeffrey Wayne Pierce*  
Jeffrey Wayne Pierce, President

STATE OF FLORIDA )  
COUNTY OF LEE )

The foregoing instrument was executed before me this 17<sup>th</sup> day of February, 2005, by Jeffrey Wayne Pierce, as President of Mainstream Rehabilitation, Inc.

My Commission Expires:



*[Signature]*  
NOTARY PUBLIC, State of Florida

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA