Florida Department of State Division of Corporations

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From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone

: (305)599~0839

Fax Number

: (305)716-0346

BASIC AMENDMENT

COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA,

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Page Count	02
Estimated Charge	\$35.00

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Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

BASIC AMENDMENT

COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA,

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 12, 1999

COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INC 207 N. KROME AVE. HOMESTEAD, FL 33030

SUBJECT: COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INC.

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.

The fax audit number is H99000000802. Please verify the fax audit number shown at the top of the first page of your document.

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

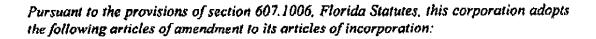
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Darlene Connell Corporate Specialist

FAX Aud. #: #9900000802 Letter Number: 099A00001437 H99000000802 1

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

Sum Control COMPLETE WELLNESS & REHAB CENTERS (SOUTH FLORIDA, INC.



FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

AMENDMENT TO ARTICLE I:

The corporation known as COMPLETE WELLNESS & REHAB CENTERS OF SOUTH FLORIDA, INC. (Document # P98000094846) has changed its name. As of this date the name of the corporation will be TRANS-MED COMPREHENSIVE HEALTH CENTERS, INC.

SECOND: The date of each amendment's adoption: January 5, 1999.

THIRD: Adoption of Amendment(s) (CHECK ONE) X The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _ voting group

Prepared by: Barreras & Rachlin 11120 N. Kendall Dr., Suite 201 Miami, Fl 33176 (305) 270-2040

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The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 5° day of January 19 99
Signature X (By the Chairman or Vice Chairman of the Board of Directors President or other officer if adopted by the shareholders)
the shareholders)
OR (By a director if adopted by the directors)
OR (By an incorporator if adopted by the incorporators)
Reynaldo Perez Typed or printed name
President Title