

M 04 000002720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

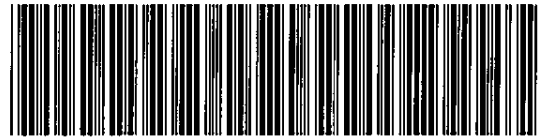
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200113475702

FILED
08 FEB -6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2008 FEB -6 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

FEB 6 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 433402 7393971

AUTHORIZATION :

COST LIMIT : \$ 25

Frederick

ORDER DATE : February 6, 2008

ORDER TIME : 11:19 AM

ORDER NO. : 433402-010

CUSTOMER NO: 7393971

FILED
08 FEB - 6 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: EYE CARE AND SURGERY CENTER
OF FT LAUDERDALE, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Eye Care and Surgery Center of Ft Lauderdale, LLC
2. Jurisdiction of its organization: DE
3. Date authorized to do business in Florida: 7/12/04

FILED
08 FEB -6 PM 1:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

NovaMed Surgery Center of Fort Lauderdale, LLC

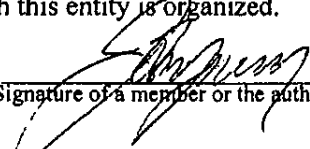
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

John W. Lawrence, Jr., SVP of Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC", THE SIXTH DAY OF FEBRUARY, A.D. 2008, AT 10:20 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3826751 8320

080123756



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6363440

DATE: 02-06-08