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SECRETARY OF STATE
FALLAHASSEE, FINDER

D. CONNELL JAN 3 0 2007

PULLUM & PULLUM, P.A.ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM MARYBETH L. PULLUM SUITE 701 FIRST FAMILY OAKS 1330 W. CITIZENS BLVD. LEESBURG, FLORIDA 34748

TELEPHONE: (352) 728-3060

FAX: (352) 728-0003

E-mail: steve.pullum@pullumlaw.com

January 24, 2007

Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, FL 32314

Re: Ram Eye Care Center, M.D., P.A.

Charter #P01000117093

Gentlemen:

Find enclosed our firm's check in the amount of \$43.75 to cover the following fees of your office.

Filing Amended Charter \$35.00 Certification of Amended Charter 8.75

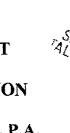
We enclose original and one copy of Articles of Amendment to Articles of Incorporation of this corporation. Please endorse your approval on the copy of the Articles of Amendment to Articles of Incorporation, certify same and return to this office.

Thank you for your attention to the above.

Roseleen Still Legal Assistant

Enclosures

(L:\Ramchander\Sec State Let 090706.rs)



ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF RAM EYE CARE CENTER, M.D., P.A.

Pursuant to the provisions of Section 607.1006, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation.

FIRST:

ARTICLE I is amended to read as follows:

ARTICLE I. NAME AND PRINCIPAL ADDRESS

The name of this corporation is RAM EYE CARE AND RETINA CENTER, P.A. The principal address of the corporation is 1131 East North Boulevard, Leesburg, Florida 34748.

SECOND:

The date of adoption of the amendment was:

1-24, 2007.

THIRD:

The Amendment was adopted by the shareholders and the number of votes

cast for the amendment was sufficient for approval.

2007, Dated / - 2

RAM EYE CARE CENTER, M.D., P.A.

ETHIRAJ RAMCHANDER, M.D., President

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me this ________, day of __________, 2007, by ETHIRAJ RAMCHANDER, as President of RAM EYE CARE CENTER, M.D., P.A., a

me, produced a driver's	on did not take an oath and (check one)is personally known to license (issued by a state of the United States within the last five (5)
years) as identification, or	produced other identification, to wit:
	Printed Name.
	Notary Public State of Florida
	Commission Number:
	My Commission Expires:

(L:\Ramchander\Articles of Amendment.lhh)

