488989

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

BOR LONNOG

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF COR	PORATION:	RAMON	MORAN, JR.,	O.D., P.A.	
DOCUMENT NU	JMBER:		488989	· · · · · · · · · · · · · · · · · · ·	
The enclosed Artic	cles of Amendment a	nd fee are submitte	ed for filing.		
Please return all co	orrespondence concer	ning this matter to	the following:		
		Dr. Ramon			*
		Name of Cont	act Person		•
	R	AMON MORAN,			
		Firm/ Cor	npany		
	1	5332 NW 79th C	ourt, Suite 101		
		Addre	:SS		
		Miami Lakes, Fl	_ 33016-5808		
		City/ State and	l Zip Code		
	E-mail address: (cmauriod@aol to be used for future a	.com annual report notificat	ion)	
For further information	ation concerning this	matter, please call	:		
	Ramon Moran Jr	at (821-0304	
Name	of Contact Person		Area Code & Daytin	ne Telephone Number	
Enclosed is a chec	k for the following ar	nount made payab	le to the Florida D	Department of State	:
	\$43.75 Filing Fee Certificate of Stat	us Cer	.75 Filing Fee & tified Copy ditional copy is enclo		of Status
P.O. Box 6	nt Section Corporations	Amer Divis Clifto	t Address Indment Section It is on of Corporation In Building Executive Center		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RAN, JR., O.D., P.	.A. c	- JUN
ntly filed with the Flori	_ 62/	For Au
	da Dept. of State) 4	LAHARY OF 8:
88989		- "ASSEE, FLOTATE
per of Corporation (if kn	own)	ECRETARY OF STATE
, Florida Statutes, this		
the corporation:		
Mauri Eye Center,	P.A.	The new
designation "Corp," "In	nc," or "Co". A profe.	ssional corporation
icable: Same FADDRESS)	<u> </u>	
<u> </u>		
gistered office address tered office address: Same	in Florida, enter the n	ame of the
(Florida street	address)	
	. Florid	ia
	, , , 10110	<u></u>
	the corporation (if known per of Corporation (if known per of Corporation) Mauri Eye Center, In the word "corporation, "elessional association," of the corporation	the corporation: Mauri Eye Center, P.A. The word "corporation," "company," or "includesignation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A. The icable: Same TADDRESS Same Same

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Li Remove
E. If amer (attach d	nding or adding additional Artical Art	eles, enter change(s) here: (Be specific)	
			
<u>provis</u>	imendment provides for an exchions for implementing the amer not applicable, indicate N/A)	nange, reclassification, or cancellad dment if not contained in the amount	tion of issued shares, endment itself:
	/		

The date of each amendment(s) adoption: 5-12-07
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_5/30/09 SignatureX
(By a director, president or other officer – If directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ramon Moran
(Typed or printed name of person signing)
President
(Title of person signing)