ATTORNEYS AND COUNSELORS AT LAW

900 HIGHPOINT CENTER 106 EAST COLLEGE AVENUE TALLAHASSEE, FLORIDA 32301 (850) 681-7381 FAX (850) 681-9281 400 NORTH TAMPA STREET, SUITE 2300 P.O. BOX 1531 (ZIP 33601) TAMPA, FLORIDA 33602 (813) 273-4200 FAX (813) 273-4396 625 COURT STREET
P. O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

November 10, 2000

Post Office Box 1669 Clearwater, FL 33757

500003461355---5 -11/13/00--01135--014 *****35.00 *****35.00

Secretary of State Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

> RE: St. Luke's Cataract and Laser Institute, James P. Gills, M.D., P.A.

Gentlemen:

Enclosed please find an original Amendment to Articles of Incorporation for the above-named corporation. Also enclosed is our firm check in the amount of \$35.00 for the filing fee.

Should you have any questions, please advise.

Sincerely,

EMIL C. MARQUARDT,

ECM\kap Enclosures

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FILED

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SECKETARY OF STATE
ALLAHASSEF FLORINA

JR.

NC

AMENDMENT TO ARTICLES OF INCORPORATION OF ST. LUKE'S CATARACT AND LASER INSTITUTE, JAMES P. GILLS, M.D., P.A.

The Articles of Incorporation of ST. LUKE'S CATARACT AND LASER INSTITUTE, JAMES P. GILLS, M.D., P.A. shall be amended to read as follows:

1. Article I - NAME, as set forth in the Articles of Incorporation, shall be revoked and substituted therefor shall be the following:

"ARTICLE I - NAME

"ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A."

All other Articles remain in place.

This Amendment was adopted on October 31, 2000 by the format of directors and no shareholder action was required.

IN WITNESS WHEREOF, the undersigned President has executed this Amendment to Articles of Incorporation this $\sqrt{2^{4}}$ day of November, 2000.

ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A.

-HOIII//--/, -....

James P

Gills, President/Director

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of <u>November</u>, 2000, by <u>JAMES P. GILLS</u>, as <u>President of ST. LUKE'S CATARACT AND LASER INSTITUTE</u>, P.A., who is personally known to me or who produced ______ as identification.

Notary Public

Print Notary Name My Commission Exp

LTES: DAWN S. KLINE
Notary Public - State of Florida
My Commission Expires Nov 8, 2002
Commission # CC788992