

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L010000006917

CONTACT: CINDY HICKS

DATE: 11-20-01

REF. #: 0177.3350

CORP. NAME: Visual Health at Centerplace,
LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input checked="" type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

800004690398-17
-11/21/01--01005--028
*****25.00 *****25.00

STATE FEES PREPAID WITH CHECK# 500767 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY

Examiner's Initials

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATE REGISTRATION

01 NOV 20 PM 4:52

RECEIVED

APPROVED
AND
FILED
01 NOV 20 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-12-11
JB

**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF
VISUAL HEALTH AT CITYPLACE, LLC**

Visual Health at Cityplace, LLC, a Florida limited liability company (the "Company"), through the action of the undersigned, being the managing member of the Company, hereby amends its Articles of Organization as follows:

1. Article I of the Articles of Organization of the Company shall be deleted in its entirety and replaced with the following:

ARTICLE I

NAME

The name of the Company is VISUAL HEALTH @ CITYPLACE, LLC.

2. Article IV of the Articles of Organization of the Company shall be deleted in its entirety and replaced with the following:

ARTICLE IV

REGISTERED AGENT

The name and address of the registered agent for service of process in the state of Florida shall be:

Nancy L. Shipley
2889 Tenth Avenue North, Suite 306
Lake Worth, Florida 33461

3. All of the provisions of the Articles of Organization not amended herein are hereby ratified, confirmed and shall remain unchanged.

4. Pursuant to that certain Written Consent in Lieu of a Meeting of the Company, dated November 9, 2001, the foregoing amendment was adopted by the Managing Member as of November 9, 2001.

01 NOV 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment to the Articles of Organization as of this 15th day of November, 2001.

BEYOND 20/20, INC.,
a Florida corporation

By: Nancy L. Shipley
Nancy L. Shipley, Director and
Chief Executive Officer

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TALLAHASSEE, FLORIDA

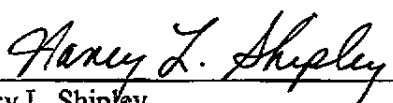
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: VISUAL HEALTH @ CITYPLACE, LLC.
2. The name and address of the registered agent and office is:

Nancy L. Shipley
2889 Tenth Avenue North, Suite 306
Lake Worth, Florida 33461

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and the undersigned is familiar with and accepts the obligations of her position as registered agent.


Nancy L. Shipley

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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