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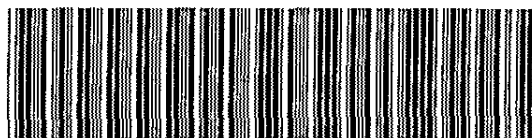
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KERRY M. WILSON

December 31, 2002

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**RE: EYE SURGERY & LASER CENTER, LLC**

Ladies and Gentlemen:

Enclosed for filing please find Articles of Amendment for Eye Surgery & Laser Center, LLC, along with this firm's check in the amount of \$25.00 covering the filing fee. Please return confirmation to me that the Articles of Amendment have been filed. I am enclosing a self-addressed stamped envelope for this purpose.

If you have any questions or comments, please do not hesitate to give me a call.

Best regards,



Kerry M. Wilson

KMW/jh  
Enclosures

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
EYE SURGERY & LASER CENTER, LLC  
A Florida Limited Liability Company**

Pursuant to Section 608.411, Florida Statutes, Eye Surgery & Laser Center, LLC (the "Company") submits the following amendment to its articles of organization:

1. The date of filing of the articles of organization was June 3, 1999.
2. The following amendment to the articles of organization was adopted by the Company:

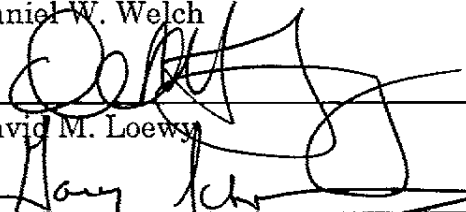
The name of the Company is changed from Eye Surgery & Laser Center, LLC to Eye Surgery Physicians of Winter Haven, LLC and by the filing hereof, the Company amends its Articles of Organization accordingly.

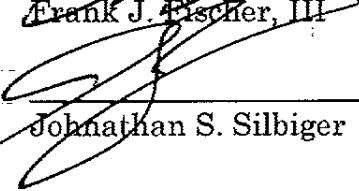
All other information contained in the Articles of Organization is hereby affirmed.

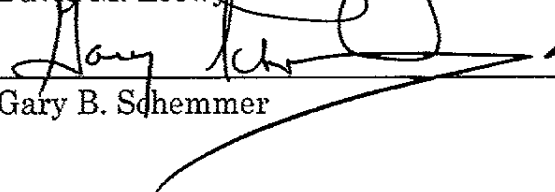
All members of the Company have unanimously voted and approved the matters set forth herein.

  
\_\_\_\_\_  
Daniel W. Welch

  
\_\_\_\_\_  
Frank J. Fischer, III

  
\_\_\_\_\_  
David M. Loewy

  
\_\_\_\_\_  
Johnathan S. Silbiger

  
\_\_\_\_\_  
Gary B. Schemmer

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STATE OF FLORIDA  
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 30th day of December, 2002,  
by **DANIEL W. WELCH**, who is personally known to me or who has produced  
as identification, and who did not take an oath.

My commission expires:

Kerry M. Wilson  
MY COMMISSION # DD064327 EXPIRES  
October 11, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.



[Signature]  
Notary Public

STATE OF FLORIDA  
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 27th day of December, 2002,  
by **DAVID M. LOEWY**, who is personally known to me or who has produced  
as identification, and who did not take an oath.

My commission expires:



Kerry M. Wilson  
MY COMMISSION # DD064327 EXPIRES  
October 11, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public

STATE OF FLORIDA  
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 27th day of December, 2002,  
by **FRANK J. FISCHER, III**, who is personally known to me or who has produced  
as identification, and who did not take an oath.

My commission expires:



Kerry M. Wilson  
MY COMMISSION # DD064327 EXPIRES  
October 11, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public

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COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 30 day of December, 2002,  
by **JONATHAN S. SILBIGER**, who is personally known to me or who has  
produced \_\_\_\_\_ as identification, and who did not  
take an oath.

My commission expires:



Kerry M. Wilson  
MY COMMISSION # DD064327 EXPIRES  
October 11, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]  
Notary Public

STATE OF FLORIDA  
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 30 day of December, 2002,  
by **GARY B. SCHEMMER**, who is personally known to me or who has produced  
\_\_\_\_\_ as identification, and who did not take an oath.

13W

My commission expires:



Kerry M. Wilson  
MY COMMISSION # DD064327 EXPIRES  
October 11, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

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