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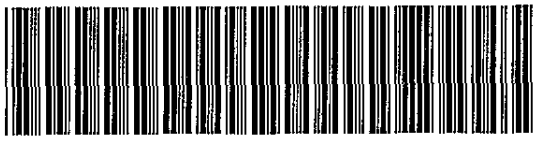

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COST LIMIT : $ PPD

ORDER DATE : January 15, 2003

ORDER TIME : 10:46 AM

ORDER NO. : 893827-005

CUSTOMER NO: 11405A

CUSTOMER: Kerry Wilson, Esq
Peterson & Myers, P.a.
141 5th Street Northwest
Suite 300
Winter Haven, FL 33881

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TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: EYE SURGERY PHYSICIANS OF
WINTER HAVEN, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY

CONTACT PERSON: Ginger Simmons -- EXT# 1139

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
EYE SURGERY PHYSICIANS OF WINTER HAVEN, LLC
A Florida Limited Liability Company

Pursuant to Section 608.411, Florida Statutes, Eye Surgery Physicians of Winter Haven, 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 Physicians of Winter Haven, LLC to Eye Surgery & Laser Center, LLC and by the filing hereof, the Company amends its Articles of Organization accordingly.

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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

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003, by **DANIEL W. WELCH**, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

Patsy L. King
MY COMMISSION # DD047887 EXPIRES
October 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003, by **DAVID M. LOEWY**, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

Patsy L. King
MY COMMISSION # DD047887 EXPIRES
October 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

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COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003, by **FRANK J. FISCHER, III**, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

Patsy L. King
MY COMMISSION # DD047887 EXPIRES
October 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003, by **JONATHAN S. SILBIGER**, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

Patsy L. King
MY COMMISSION # DD047887 EXPIRES
October 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 13th day of January, 2003, by **GARY B. SCHEMMER**, who is personally known to me or who has produced _____ as identification, and who did not take an oath.

Patsy L. King
MY COMMISSION # DD047887 EXPIRES
October 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My commission expires:

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