

L99 00000 3279

(Requestor's Name)

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(City/State/Zip/Phone #)

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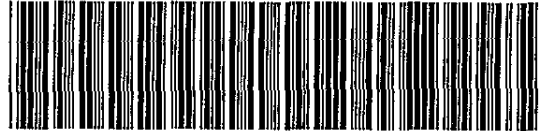
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/03--01030--012 **43.75

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TALLAHASSEE, FLA.

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW

J. HARDIN PETERSON, SR. (1894-1978)
MICHAEL W. CREWS (1941-1991)

M. DAVID ALEXANDER, III
PHILIP O. ALLEN
JACK P. BRANDON
DEBRA L. CLINE
J. DAVIS CONNOR
CLINTON A. CURTIS
BEN H. DARBY, JR.
JACOB C. DYKXHOORN
MICHAEL T. GALLAHER
JOSEPH A. GEARY
DAVID E. GRISHAM
CHRISTY F. HARRIS
JONN D. HOPPE

P.O. DRAWER 7608
WINTER HAVEN, FLORIDA 33883-7608

141 5TH STREET, NW
WINTER HAVEN, FLORIDA 33881
(863) 294-3360
FAX (863) 299-5498
www.PetersonMyers.com

LAKELAND
(863) 683-6511 OR (863) 676-6934
FAX (863) 682-8031

LAKE WALES
(863) 676-7611 OR (863) 683-8942
FAX (863) 676-0643

DENNIS P. JOHNSON
KRISTEN B. KIEFFER
KEVIN C. KNOWLTON
DOUGLAS A. LOCKWOOD, III
WILLIAM M. MIDYETTE, III
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STEPHEN R. SENN
ANDREA TEVES SMITH
KEITH H. WADSWORTH
KERRY M. WILSON

May 13, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32301

FILED
03 MAY 15 PM 1:40
TALLAHASSEE, FLORIDA

RE: EYE SURGERY & LASER CENTER, LLC

Dear Sir or Madam:

I have enclosed for filing the Articles of Amendment for the above-referenced limited liability company, along with a check in the amount of \$43.75 for the following costs:

Filing fee, Articles of Amendment	\$35.00
Certified copy of Articles of Amendment	8.75
Total	<u>\$43.75</u>

Please return the certified copy of the Amendment to me at the above Winter Haven address.

If anything further is needed, please let me know.

Best regards,

Kerry M. Wilson/P.K.

KERRY M. WILSON

:pk
Enclosures

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

03 MAY 15 PM 1:40

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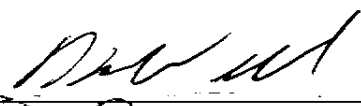
TALLAHASSEE, FLORIDA

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

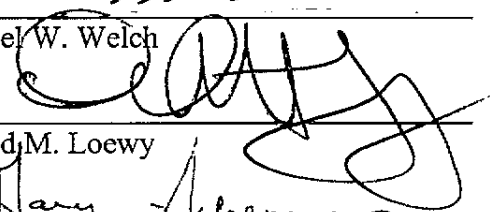
1. The date of filing of the articles of organization was June 3, 1999.
2. The following amendment to the articles of organization was adopted by the Company:
The name of the Company is changed from Eye Surgery & Laser Center, LLC to "Eye Surgery Physicians of Winter Haven, LLC" and by the filing hereof, the Company amends its Articles of Organization accordingly.

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

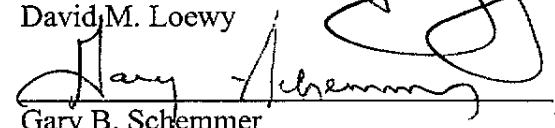
All members of the Company have unanimously voted and approved the matters set forth herein.



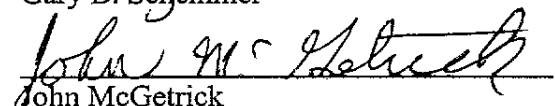
Daniel W. Welch



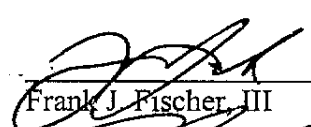
David M. Loewy



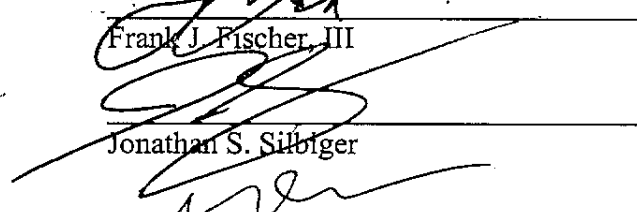
Gary B. Schemmer



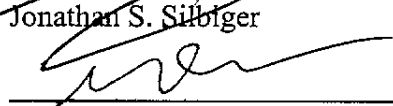
John McGetrick



Frank J. Fischer, III



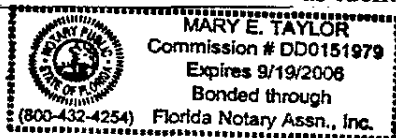
Jonathan S. Silbiger



Michael Ort

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 9 day of May,
2003, by **DANIEL W. WELCH**, who is personally known to me or who has produced
_____ as identification, and who did not take an oath.

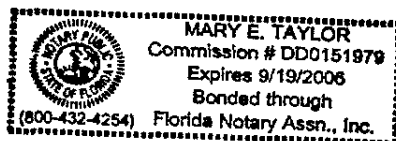


Mary E Taylor
Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 9 day of May,
2003, by **DAVID M. LOEWY**, who is personally known to me or who has produced
_____ as identification, and who did not take an oath.

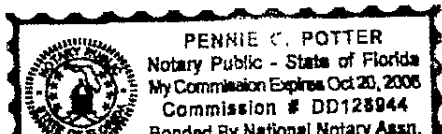


Mary E Taylor
Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 28th day of April,
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.



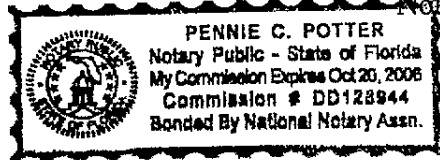
Pennie C Potter
Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

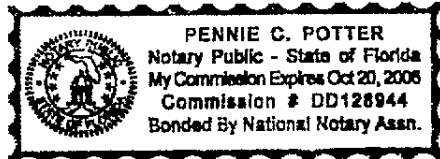
SWORN TO AND SUBSCRIBED before me this 28th day of April,
2003, by **JONATHAN S. SILBIGER**, who is personally known to me or who has produced
_____ as identification, and who did not take an oath.

My commission expires:



STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 28th day of April,
2003, by **GARY B. SCHEMMER**, who is personally known to me or who has produced
_____ as identification, and who did not take an oath.

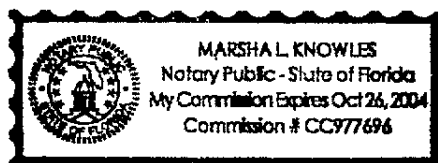


My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 5 day of MAY,
2003, by **JOHN McGETRICK**, who is personally known to me or who has produced
John McGetrick as identification, and who did not take an oath.

My commission expires:



Pennie C. Potter
Notary Public
MAY 15 PM 1:40
FILED

Pennie C. Potter
Notary Public

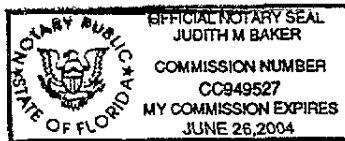
Marsha L. Knowles
Notary Public

STATE OF FLORIDA
COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me this 6th day of May
2003, by **MICHAEL ORT**, who is personally known to me or who has produced
_____ as identification, and who did not take an oath.

Judith M. Baker
Notary Public

My commission expires:



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03 MAY 15 PM 1:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA