

1700008555

-03/17/99--01071--001 *****43.75 *****43.75

Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 409 East Gaines Street Tallahassee, Florida 32301

INDEPENDENT RENAL ASSOCIATES OF TAMPA, INC. RE:

Gentle(wo)men:

Enclosed is the original and one copy of the Articles of Amendment of the subject corporation.

Also enclosed is a check in the amount of \$43.75 for the following:

Corporate Filing Fee

\$35.00

Certified Copy

\$ 8.75

Please return the certified copy of the Articles of Amendm after recording.

Thank you for your continued assistance.

Certified Tax Attorney

Enclosures

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF INDEPENDENT RENAL ASSOCIATES OF TAMPA, INC.

Pursuant to the provisions of Section 607.1005 of the Florida Business Corporation Act, the below named Corporation adopts the following Articles of Amendment to its Articles of Incorporation filed on October 2, 1997 and assigned document #P97000085552:

- 1. The name of the corporation is changed to be: SMILING IRISH EYES, INC.
- The general nature of the business to be transacted by this Corporation shall be to engage in every aspect and associated with physical therapy.
- 3. The principal office of the corporation is changed to:
 600 Cleveland Street, Suite 910
 Clearwater, Florida 33755
- 4. The mailing address of the corporation is changed to:
 600 Cleveland Street, Suite 910
 Clearwater, Florida 33755
- 5. The amendments were adopted on the 10th day of March, 1999.

 6. A majority of the Board of Directors adopted ithis
- 6. A majority of the Board of Directors adopted this Amendment to the Articles of Incorporation in accordance with Fl. Stats. 607.1005 which does not require shareholder action.

IN WITNESS WHEREOF, the below signed Directors have hereunto set their hands this ///// day of March, 1999.

WITNESSES:	
Dirda Moore	JANET R. DEES
Sign Name	JANET R. DEES
Print Name //	
Suneal histo	-
Sign Name	· · · · · · · · · · · · · · · · · · ·

WITNESSES:	
Dinda Moore Sign Name	SEAN P. COUGHLIN
Print Name / 60.00	
Sign Name	
Print Name	
STATE OF FLORIDA - COUNTY OF PINELLAS	,
I HEREBY CERTIFY that on theday of March, 1999, the foregoing was acknowledged before me by JANET R. DEES and SEAN P. COUGHLIN, () who are personally known to me or () who produced as identification	
and who $(\underline{\hspace{1cm}})$ did \underline{or} $(\underline{\hspace{1cm}})$ did	d not take an oath.
JAMES M. SHUTA MY COMMISSION # CC 721030 EXPIRES: March 8, 2002 Bonded Thru Notary Public Underwriters	Notary Public, State of Florida AMES AREA (Printed Name) My Commission Expires:
	Commission No.