

S14498



FILED
Nov 19 1997 12:00 am
Secretary of State

ACCOUNT NO. : 07210C
REFERENCE : 606151 82917A
AUTHORIZATION : *Patricia Pizzi*
COST LIMIT : \$ 35.00

FLORIDA

ORDER DATE : November 19, 1997

ORDER TIME : 10:37 AM

ORDER NO. : 606151-005

CUSTOMER NO.: 82917A

CUSTOMER: Maynard Hellman, Esq
Hellman & Maas
1100 Ponce De Leon Boulevard

Coral Gables, FL 33134

*Name
Change
Amend*

300002351933--0

DOMESTIC AMENDMENT FILING

NAME: PROMPT HEALTH SERVICES, INC.

EFFECTIVE DATE:

*Name
Availability*

11/20/97

☒ ARTICLES OF AMENDMENT
☐ RESTATED ARTICLES OF INCORPORATION

Updater

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Verifier

☒ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

EXAMINER'S INITIALS:

RECEIVED
97 NOV 19 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO
THE ARTICLES OF INCORPORATION
OF PROMPT HEALTH SERVICES, INC.

97 NOV 19 AM 11:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, President and Secretary of Prompt Health Services, Inc., certifies that the following Amendment to the Articles of Incorporation of Prompt Health Services, Inc., has been adopted and unanimously approved by the Board of Directors and Shareholders of the above-named Corporation:

ARTICLE I

CORPORATE NAME: The name of this Corporation shall be changed to Optical Institute, Inc.

IN WITNESS WHEREOF, the undersigned does hereunto place her hand and seal as the President and Secretary of the Corporation, this 21st day of October, 1997.

President:

Secretary:

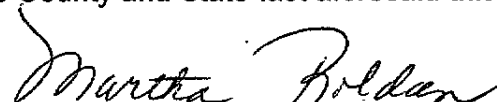

Jeannette Valladares


Jeannette Valladares

STATE OF FLORIDA)
COUNTY OF DADE) ss.:

I hereby certify that on this date, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared Jeannette Valladares, the Secretary and President of Prompt Health Services, Inc., to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same and who has produced a driver's license for identification.

WITNESS MY HAND AND OFFICIAL SEAL in the County and State last aforesaid this 21st day of October, 1997.


NOTARY PUBLIC
STATE OF FLORIDA

MY COMMISSION EXPIRES:

f:\wpdocs\ol\forms\opticalinst.aoi

