

10-05-1999

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U.S. Patent & TMO/TM Mail Rpt/Dt. #34

Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
 Novamed Eyecare Management, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Limited Liability Company - Delaware

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
 Name: Novamed Eyecare Services, LLC
 Internal Address: Suite 1620
 Street Address: 980 North Michigan Avenue
 City: Chicago State: IL ZIP: 60611

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from Assignment)
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: June 30, 1999

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s)
75/061,713
75/061,712

Additional numbers attached? Yes No

B. Trademark registration No.(s)
2,157,318

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Kevin S. Mackinnon
 Internal Address: Katten Muchin & Zavis
Suite 1600
 Street Address: 525 West Monroe Street
 City: Chicago State: IL ZIP: 60661-3693 (Attach duplicate copy of this page if paying by deposit account)

6. Total number of applications and registrations involved: 3


7. Total fee (37 CFR 3.41):..... \$ 90.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: _____

10/04/1999 DNGUYEN 00000210 2157318
 01 FC:481 40.00 DP
 02 FC:482 50.00 DP

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Deborah A. Wing  9/28/99
 Name of Person Signing Signature Date

Total number of pages comprising cover sheet: 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NOVAMED EYECARE MANAGEMENT, LLC", CHANGING ITS NAME FROM "NOVAMED EYECARE MANAGEMENT, LLC" TO "NOVAMED EYECARE SERVICES, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JUNE, A.D. 1999, AT 9 O'CLOCK A.M.



Edward J. Freel

Edward J. Freel, Secretary of State

2493509 8100
991402150

9989787

AUTHENTICATION:

09-24-99

DATE:

TRADEMARK
REEL: 001969 FRAME: 0307

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
NOVAMED EYECARE MANAGEMENT, LLC
[Delaware File No. 2493509]

NOVAMED EYECARE MANAGEMENT, LLC, (the "Company") a limited liability company organized and existing under and by virtue of the Limited Liability Company Act (the "Act") of the State of Delaware, DOES HEREBY CERTIFY that the members of the Company, adopted a resolution proposing and declaring advisable the following amendment to the Certificate of Formation of the Company:

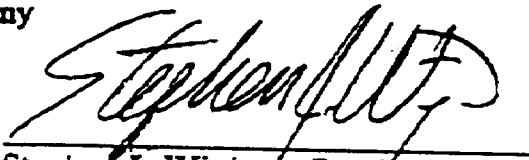
RESOLVED, that the Certificate of Formation of NOVAMED EYECARE MANAGEMENT, LLC be amended effective immediately by changing item FIRST thereof so that, as amended, FIRST shall be and read in its entirety as follows:

"FIRST: The name of the Company is NovaMed Eyecare Services, LLC"

Dated as of June 30, 1999

NOVAMED EYECARE, INC., a Delaware corporation, being the Manager of the Company

By:


Stephen J. Winjum, President

"Express Mail" mailing label number:

EJ471587506US

Date of Deposit: September 28, 1999

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513.

September 28, 1999

Date


Deborah A. Wing

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