

6000902

December 26, 1996

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC.

Dear Filing Clerk:

500002044045---4 -01/03/97--01026--015 ******35.00 *****35.00

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 0978 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. 1a. The name of the corporation is:. CENTRAL FLORIDA EYE SURGERY ASSOCIATES, INC. 9/2/86 600902 1b. Date of incorporation: Document number The name and address of the current registered agent and office: CORPORATION SERVICE COMPANY 1201 Hays Street, Tallahassee, Fl 32301-2525 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) NRAI Services, Inc. 526 East Park Avenue, Tallahassee, Florida 32301 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Richard J. D'Amico, Vice President SIGNATURE Typed or printed name and title December 17, 1996 DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

NRAI Services, Inc.	
SIGNATURE By: Ollance Lundgren a	set
(Registered Agent)	Dec
DATE 12.26-96	

FILING FEE: \$35.00