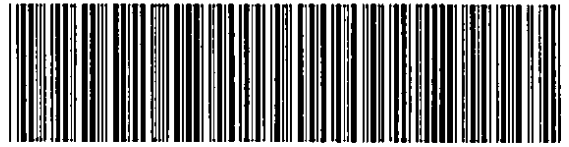


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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2020

RALPH SIMONE  
950 NW 13TH STREET  
BOCA RATON, FL 33486

SUBJECT: EYE ASSOCIATES OF BOCA RATON, P.A.  
Ref. Number: 603508

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 520A00006373

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

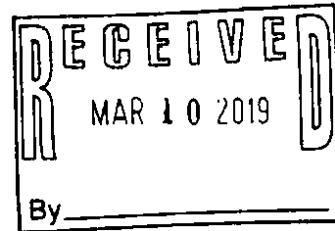
**SUBJECT:** Eye Associates of Boca Raton, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** 603508

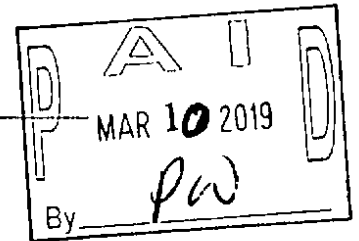
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph Simone  
Name of Contact Person  
Eye Associates of Boca Raton, P.A.  
Firm/Company  
950 NW 13th Street  
Address  
Boca Raton, FL 33486  
City/State and Zip Code



rsimone@boceyeassociates.com  
E-mail address: (to be used for future annual report notification)



For further information concerning this matter, please call:

Ralph Simone at (561) 391-8300 x122  
Name of Contact Person Area Code & Daytime Telephone Number

~~Enclosed is a \$35.00 check made payable to the Department of State~~

**Mailing Address:**  
~~Amendment Section~~  
~~Division of Corporations~~  
~~P.O. Box 6327~~  
~~Tallahassee, FL 32314~~

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Eye Associates of Boca Raton, P.A.  
2. The principal office address: 950 NW 13th Street, Boca Raton, FL 33486

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 05-03-1972 Document number: 603508

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Goldman, Howard  
950 NW 13th Street  
Boca Raton, FL 33486

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Douglas A. Kohl  
323 ~~Florida~~ Florenada Terr  
P.O. Box NOT acceptable  
Boca Raton, FL 33486

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DIVISION OF CORPORATIONS  
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The street address of its registered office 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, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Mark Weiner, MD  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Douglas Kohl, MD  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*