

F55028

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

REGISTERED AGENT CHANGE

COMMUNITY EYE CENTER, P.A.

Certificate of Status	0
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Page Count	01 3
Estimated Charge	\$35.00

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12/10/07*

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY EYE CENTER, P.A.
(Name of Corporation)

DOCUMENT NUMBER: F55028

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:

DAVID A. HOLMES, ESQ.
(Name of Contact Person)

FARR, FARR, EMERICH, HACKETT AND CARR, P.A.
(Firm/Company)

99 NESBIT STREET
(Address)

PUNTA GORDA, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY A. BROWN (PARALEGAL) at (941) 639-1158
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12/10/2007 MON 12:01 FAX

003/003

12/04/2007 10:33 IFAX 73016farr.com
DEC-4-2007 10:24A FROM: COMMUNITY EYE CENTER 9416250131

→ Route to Email 002/005
TO: 6390028 P.2

**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 FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMMUNITY EYE CENTER, P.A.
2. The principal office address: 21275 OLEAN BLVD., PORT CHARLOTTE, FL 33952
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/17/1981 Document number: F55028
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JOSEPH SPADAFORA, D.O.

21275 OLEAN BLVD.

PORT CHARLOTTE, FL 33952

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

DAVID A. HOLMES

99 NESBIT STREET

(P.O. Box NOT acceptable)

PUNTA GORDA, FL 339580

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 of officer or director)

JOSEPH SPADAFORA, DIRECTOR

(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 of Registered Agent)

11/29/07

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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