

600842



**THE UNITED STATES
CORPORATION
COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 748889 . . . 80457A

AUTHORIZATION :

COST LIMIT : \$ 35.00

FILED
98 MAR 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 20, 1998

ORDER TIME : 11:02 AM

ORDER NO. : 748889

CUSTOMER NO: 80457A

CUSTOMER: Harold C. Hubka, Esq
Black Crotty Sims Hubka
501 North Grandview Avenue

Daytona Beach, FL 32118

PA
Chauze

400002463684--3

CHANGE OF AGENT

NAME: CLOWER & DEMMING, DAYTONA
OPHTHALMIC SERVICES, P.A.

FILED
98 MAR 20 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

Notary Availability	3/29/98
Certified Copy	Don
Plain Stamped Copy	Don
Updater	Don
Update	Don
Verifier	Stacy L Earnest
Acknowledgement	Don
W.P. Verifier	Don

RECEIVED
98 MAR 20 PM 12:07
DIVISION OF CORPORATION

STATEMENT OF CHANGE OF REGISTERED AGENT AND REGISTERED OFFICE

The undersigned, Margaret DiGaetano, M.D., in her capacity as President hereby executes and files this Statement Of Change Of Registered Agent And Registered Office and respectfully states:

(a) The name of the corporation is Clower & Demming, Daytona Ophthalmic Services, P.A. (the "Corporation").

(b) The street address of the Corporation's current Registered Office is 620 Mason Avenue, Daytona Beach, Florida.

(c) The street address of the Corporation's new Registered Office is 501 North Grandview Avenue, Daytona Beach, Florida 32118.

(d) The name of the Corporation's current Registered Agent is Margaret DiGaetano, M.D..

(e) The name of the new Registered Agent is Harold C. Hubka.

To signify Consent To Serve as Registered Agent and acceptance of both appointment as Registered Agent and the duties and responsibilities of Registered Agent, Harold C. Hubka has signed this Statement Of Change Of Registered Agent And Registered Office as required by law.

(f) The street address of the Corporation's Registered Office and the street address of the business office of the Corporation's Registered Agent are identical, to wit: 501 North Grandview Avenue, Daytona Beach, Florida 32118.


(g) The change of Registered Agent and Registered Office was authorized by Resolution duly adopted by written action of the Corporation's Board of Directors.

IN WITNESS WHEREOF, the undersigned, who is a natural person competent to contract under the laws of the State of Florida, by these presents does hereby execute, acknowledge and cause to be delivered to the Florida Department Of State this Statement Of Change Of Registered Agent And Registered Office, and requests that the Department Of State file this Statement Of Change Of Registered Agent And Registered Office with such changes being effective immediately upon such filing, and in accordance herewith the undersigned does hereby set her hand and seal at Daytona Beach, Volusia County, Florida, this 19 day of March, 1998.


MARGARET DIGAETANO, M.D.,
President of Clower & Demming,
Daytona Ophthalmic Services, P.A.

**CONSENT TO SERVE AS REGISTERED AGENT AND ACCEPTANCE OF THE
DUTIES AND RESPONSIBILITIES OF REGISTERED AGENT**

I hereby consent to serve as Registered Agent and I hereby certify that I am familiar with and accept the duties and responsibilities of Registered Agent for Clower & Demming, Daytona Ophthalmic Services, P.A..


Harold C. Hubka, as Registered Agent

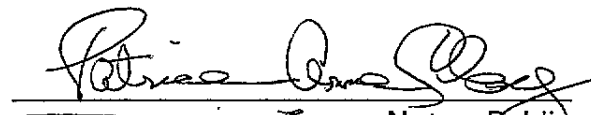
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGEMENT

STATE OF FLORIDA)

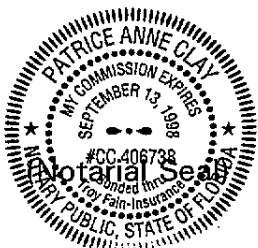
COUNTY OF VOLUSIA)

The foregoing Statement Of Change Of Registered Agent And Change Of Registered Office was acknowledged before me by Margaret DiGaetano, M.D., who is personally known to me, and she acknowledged she executed the foregoing for the purposes stated therein this 14th day of March, 1998.


_____, Notary Public

State of Florida at Large

My Commission Expires: September 13, 1998



ACKNOWLEDGEMENT

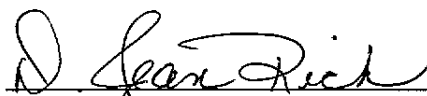
STATE OF FLORIDA)

COUNTY OF VOLUSIA)

The foregoing consent to serve as registered agent and acceptance of the duties and responsibilities of Registered Agent was acknowledged before me by Harold C. Hubka, as Registered Agent, who is personally to me, for the purposes therein stated this 19th day of March, 1998.



D. Jean Rich
MY COMMISSION # CC692698 EXPIRES
October 29, 2001
BONDED THRU TROY FAIN INSURANCE, INC.


_____, Notary Public

State of Florida at Large

My Commission Expires:

(Notarial Seal)