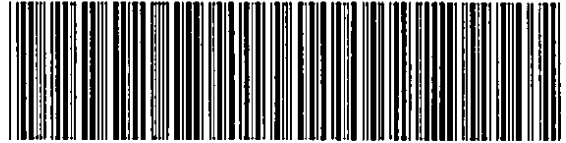


603508



700341984927

03/16/20--01006--003 **35.00

RECEIVED
SECRETARY OF COMMERCE
2020 APR 14 PM 3:25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/14/20

Office Use Only

QMA
4/14/20



2020 APR 14 PM 2:03

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

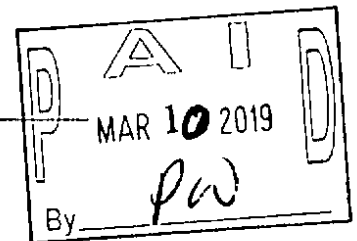
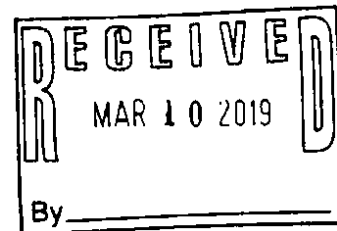
DOCUMENT NUMBER: 603508

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@bocaeyeassociates.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)

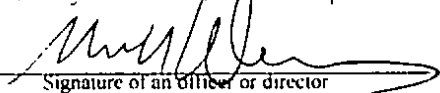
Goldman, Howard
950 NW 13th Street
Boca Raton, FL 33486

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

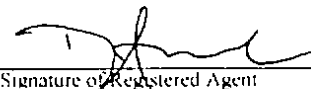
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 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 of Registered Agent

Date

If signing on behalf of an entity:

Douglas Kohl, MD
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 (04/13)

FILED
STATE DEPT OF STATE
DIVISION OF CORP. REG.
2020 APR 14 PM 3:25