FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90517 036 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001588

1. Entity Name
RANDY A. GROVER, O.D. & ASSOCIATES, INC.

11004065

Principal Place of Business	Mailing Address
19505 BISCAYNE BLVD/SEARS OPTICAL AVENTURA, FL 33180	100 EDGEWATER DR., #323 CORAL GABLES, FL 33133

2. Principal Place of Business	3. Mailing Address
SAME	5700 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 11-H
City & State	City & State MIAMI BEACH, FL
Zip / Country	Zip 33140 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2501950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROVER, RANDY A 19505 BISCAYNE BLVD/SEARS OPTICAL AVENTURA, FL 33180	Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Randy A. Grover, OD PRESIDENT 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GROVER, RANDY A STREET ADDRESS ~~100 EDGEWATER DR., #323~~ CITY-ST-ZIP ~~CORAL GABLES, FL~~	☒ Delete	TITLE P NAME RANDY A. GROVER STREET ADDRESS 5700 COLLINS AVE. APT 11-H CITY-ST-ZIP MIAMI BEACH, FL. 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy A. Grover, OD 4/16/03 (305)792-9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #