

## F95000005244

December 26, 1996

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: AMERICAN OPHTHALMIC OF DOTHAN, INC.

1 00002043961---7 -01/03/97--01026--003 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 0990 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

Quanie Lundgren

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7 JAN -2 AN II: 15
ECRETARY OF STATE
LLAHASSEE, FLORIDA

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

or registered agent, or both, in the State I	Florida.	
1a. The name of the corporation is:		
	MIC OF DOTHAN, INC.	
1b. Date of incorporation: 10/26/95	Document number P95000005244	
2. The name and address of the current Corporation Service Company	registered agent and office:	W1 6
1201 Hays Street, Tallahassee, Fl	32301-2525	JA! Che
<ol> <li>The name and address of the new reg (P.O. Box Not Acceptable)</li> </ol>	istered agent and office:	FILED 1-2 AH ASSEE, F
NRAI Services, Inc.		
526 East Park Avenue, Tallahassee, Florida 32301		: 15 Air
The street address of its registered agent of its registered agent as changed will be		a business office
Such change was authorized by resolution an officer so authorized by the board.	n duly adopted by its board o	of directors or by
Plusand 1. D Suna	*Richard J. D'Amico,	Vice President
Plusand J. N. Suna SIGNATURE	Typed or printed nam	e and title
December 17, 1996 DATE		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

NRAI Services, Inc.	
SIGNATURE By: Clance Survey  (Registered Agen  DATE 12: 71: 96	docen asst
(Registered Agen	ou su
DATE 12-26-96	