

H22681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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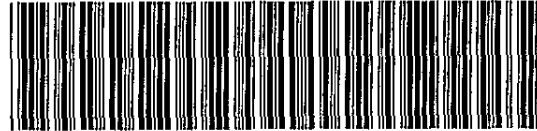
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. change

T BROWN APR - 6 2004

**CORSARO & ASSOCIATES CO., LPA**

2001 Crocker Road  
Gemini Tower II, Suite 400  
Cleveland, OH 44145  
(440) 871-4022/Telephone  
(440) 871-9567/Facsimile

March 31, 2004

**VIA UPS 1Z F60 R31 22 1001 222 1**

DEPARTMENT OF STATE  
Division of Corporations  
409 E. Gaines St.  
Tallahassee FL 32399

Re: Dreyer & DelRowe Eye Care, P.A.

Dear Sir/Madam:

Enclosed herewith are the following items:

1. Statement of Change of Registered Agent for the above-referenced entity; and
2. A check in the amount of \$35.00, as payment for the filing fee for the Statement of Change of Registered Agent.

Please return all correspondence regarding this matter to the undersigned Firm. If you should have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely,  
CORSARO & ASSOCIATES CO., LPA



By: Joseph G. Corsaro, Esq.

AMJ/kmd  
Enclosures

cc: Dr. William B. Dreyer (w/encls.) (via U.S. mail)  
Dr. Daniel J. DelRowe (w/encls.) (via U.S. mail)

**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: Dreyer & DelRowe Eye Care, P.A.
2. The principal office address: 1715 S.E. Tiffany Avenue, Port St. Lucie, Florida, 34982
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Sept. 25, 1984 Document number: H22681

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William B. Dreyer

1715 Tiffany Avenue

Port St. Lucie, Florida 34952

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

Daniel J. DelRowe

1715 S. E. Tiffany Avenue

(P.O. Box or personal mailbox NOT acceptable)

Port St. Lucie, Florida 34982

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.

X [Signature]  
(Signature of an officer or director)

Daniel J. DelRowe, President

(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.

X [Signature]  
(Signature of Registered Agent)

3/30/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314