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PICK-UP WAIT MAIL	FILED 2003 HAY 28 PH 12: 32 THELAHASSEE, FLORIDA
(Business Entity Name)	2: 32 LURIDA
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Certified Copies Certificates of Status	05/28/0301034008 **138.75
Special Instructions to Filing Officer.	
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CORPDIRECT AGENTS, INC. (formerly CCRS) **103 N. MERIDIAN STREET, LOWER LEVEL** TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

**CONTACT:** CINDY

DATE: 5-28-03

**REF.**#: 0174.15646

CORP. NAME: CENTER FOR SIGHT, P.A.

- ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT
- ( ) ANNUAL REPORT

- ( ) TRADEMARK/SERVICE MARK

() MERGER

- ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP
- ( ) REINSTATEMENT
- ( ) CERTIFICATE OF CANCELLATION

CHANGE OF REGISTERED AGENT (X) OTHER:

STATE FEES PREPAID WITH CHECK# 1493 FOR \$ 138.75

## **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

COST LIMIT: \$\_\_\_\_

## PLEASE RETURN:

( ) CERTIFICATE OF GOOD STANDING ( ) CERTIFIED COPY

(X) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

**Examiner's** Initials

- ( ) ARTICLES OF DISSOLUTION
  - ( ) FICTITIOUS NAME
  - ( ) LIMITED LIABILITY
  - ( ) WITHDRAWAL

## 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 us registered office or registered agent, or both,	in the	Sigle		
of Florida.		003		
1. The name of the corporation: CENTER FOR SIGHT, P.A.		<u></u>	_	
2. The principal office address: 1360 E. Venice Ave,		12	<u></u> _	
Venice, FL 34292		-00 -17	Ğ_	
3. The mailing address (if different):		<u></u>	_	
	RIDA	32	_	
4. Date of incorporation/qualification: 07/09/1986 Document number: J2328	3		_	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
Boone, Jeffery A.				
1001 Avenida Del Circo				

Venice, FL 34285

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

Taaffe, Michael S.

240 S. Pineapple Ave., 10th Floor

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

Sarasota, FL 34236

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 of the corporation has been notified in writing of the change.

chairman or vice chairman of the board) Signat

David W. Shoemaker, 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.

(Signature of Register Agent

If signing on behalf of an entity:

(Date)

May 22, 2003

(Typed or Printed Name)

(Capacity)

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

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