

L99000000255

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000068914 0)))

ATTNY: 187  
CLIENT: 099994  
MATTER: 79008

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0380

From: GAIL ANDRE'  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE CERTIFICATE OF CHANGE OF REGISTERED AGENT REGISTERED OFFICE WITH AN EFFECTIVE DATE OF TODAY, MAY 24, 2001, AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.  
GAIL ANDRE'

REGISTERED AGENT CHANGE

CENTRAL FLORIDA RETINA PARTNERS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing

Public Access Help

**CERTIFICATE OF CHANGE OF  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
CENTRAL FLORIDA RETINA PARTNERS, L.L.C.**

Pursuant to the provisions of Section 607.416, Florida Statutes, CENTRAL FLORIDA RETINA PARTNERS, L.L.C., a company organized and existing under and by virtue of the laws of the State of Florida (the "Company"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this company is:

**CENTRAL FLORIDA RETINA PARTNERS, L.L.C.**

2. The name and address of the current registered agent is:

Laurence C. Hames  
390 N. Orange Avenue  
Suite 2500  
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

Steve Corso  
44 Lake Beauty Drive, Suite 200  
Orlando, Florida 32806

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

5. That John C. Olson, as Manager of the Company has been authorized by resolution duly adopted by the managers to execute this Certificate of Change on behalf of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 24 day of April, 2001.

**CENTRAL FLORIDA RETINA  
PARTNERS, L.L.C., a Florida limited  
liability company**

By: 

John C. Olson, Manager

FILED  
01 MAY 25 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/24/01 THU 16:21 FAX 407 872 0880

LDDK&R

003

H01000068914

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of CENTRAL  
FLORIDA RETINA PARTNERS, I.L.C.



Steve Corso

FILED

01 MAY 25 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA