

MD2000002138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

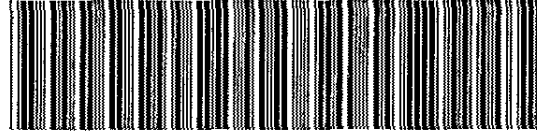
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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J. BRYAN OCT - 5 2006



### Corporate Filing Transmittal Form

To: Florida  
Order #: COA-6040

From: Cathi Wall  
Date: 9/28/06

Target Name

Dom Juris

TLC Florida Eye Laser Center, LLC

DE

Attached for filing, please find the following:

Change of Registered Agent

Please return the original evidence to the following:

Cathi Wall  
National Corporate Services, Inc.  
2 Club Centre Court, Suite 5  
Edwardsville, IL 62025

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Special Instructions/Notes:

Our check to cover the filing is attached. Please return evidence of filing to the above using the enclosed self-addressed stamped envelope. Please contact me ASAP with any questions or problems. Thank you!

Please Send Via:

☐ Email:

☐ Fax:

☐ FedEx:

☒ Mail

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: TLC Florida Eye Laser Center, LLC
2. The mailing address of the limited liability company is : 1510 North Westshore Blvd.,  
Tampa, FL 33607

8/15/02

M02000002138

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston

FL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

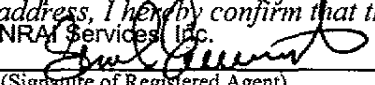
  
(Signature of a member or authorized representative of a member)

By: TLC Vision Corporation, Managing Member

Brian L. Andrew Secretary

(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Sean L. Emerick, Asst. Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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