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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.  
Account Number : I20040000083  
Phone : (954) 474-8000  
Fax Number : (954) 474-9850

**REGISTERED AGENT CHANGE**

**ASSOCIATED EYE PHYSICIANS CORPORATION**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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: Associated Eye Physicians Corporation
2. The principal office address: 3737 Pine Island Road  
Suite 650, Sunrise, Fl. 33321
3. The mailing address (if different): 7421 University Dr.  
Suite 109, Tamarac, Fl. 33321
4. Date of incorporation/qualification: 7/14/1988 Document number: M89700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Frank Sinagra100 SE 3rd Avenue, Ste. 1900Fort Lauderdale, Fl. 33394

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

Steven A. Weinberg7805 S.W. 6th CourtP.O. Box NOT acceptablePlantation, Fl. 33324

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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.

[Signature]  
Signature of an officer or director

RAANANAT KATZ  
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.

Steven A. Weinberg  
Signature of Registered Agent

9/9/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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

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