

P00000036266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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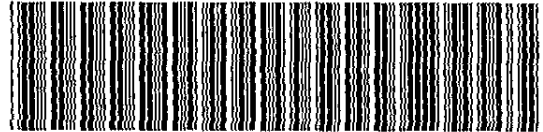
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Vision Institute, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P00000036266

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Osama H. Omar, M.D.
(Name of Contact Person)

Advanced Vision Institute, P.A.
(Firm/Company)

773 Douglas Avenue
(Address)

Altamonte Springs, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen P. Gillis at (407) 389-0800
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED

15 NOV 28 AM 8:00

DIVISION OF CORPORATIONS

November 10, 2005

OSAMA H. OMAR, M.D.
773 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ADVANCED VISION INSTITUTE, P.A.
Ref. Number: P00000036266

We have received your document for ADVANCED VISION INSTITUTE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 905A00067078

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Vision Institute, P.A.
2. The principal office address: 773 Douglas Avenue
Altamonte Springs, FL 32714
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/10/2000 Document number: P00000036266

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

Osama H. Omar, M.D.
~~Advanced Vision Institute, P.A.~~
2100 W. State Rd. 434, Suite 1020
Longwood, FL 32779

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

Osama H. Omar, M.D.
~~Advanced Vision Institute, P.A.~~
773 Douglas Avenue
(P.O. Box NOT acceptable)
Altamonte Springs, FL 32714

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 NOV 28 AM 9:32

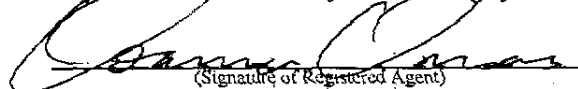
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

Osama Omar, MD Medical Director
(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 Registered Agent)

11/21/05
(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
CR2E045 (8/05)