ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET P.O. BOX 391 (ZIP 32302) TALLAHASSEE, FLORIDA 32301 (850) 224-9115 FAX (850) 222-7560

April 26, 2002

*****35.00 *****35.00

Secretary of State's Office Division of Corporations 409 East Gaines Street Tallahassee, Florida 32301

RE:

Melanie Hill, O.D., P.A.

Document Number P01000120018

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding the above-referenced corporation. enclosed is our check for \$35.00 to cover the filing fee.

22 Thank you for your assistance. 29

Sincerely,

Emily S. Waugh

/cv **Enclosures**

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C. Coulliste APR 2 9 2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under	
submits the following statement in order to che the State of Florida.	nange its registered office or registered agent, or both, in
1. The name of the corporation: Melani	ie Hill, O.D., P.A.
2. The mailing address of the corporation:	304 South Range Street
	Madison, Florida 32340
	/01 Document number: <u>P01000120018</u>
4. The name and address of the current register	
E. Lamar Taylor	200 TALL
227 South Calhoun Stree	t DZ AP
Tallahassee, Florida 32	
5. The name and address of the new registered	agent (if changed) and/or registered office (if changed):
Emily S. Waugh	.0: 10: 0RIO. 2
227 South Calhoun Stre	
Tallahassee, Florida 3	
The street address of its registered office and agent, as changed, will be identical.	the street address of the business office of its registered
	ly adopted by its board of directors or by an officer so
Signature of an office, chairman or vice chairman	11 /
Melanie Hill, O.D., President (Printed or typed name and title)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	o accept service of process for the above stated as registered agent and agree to act in this capacity. of all statutes relative to the proper and complete vith and accept the obligation of my position as
ang My	4-26-02
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)
* * * FILIN	NG FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS