P02000032406



ACCOUNT NO. : 072100000032 REFERENCE : 758827 473	PAND SEP 2.5 PM 12: 2
AUTHORIZATION : Tatucia	Pariet Paris
COST LIMIT : \$ 35.00	oale coale
ORDER DATE: September 25, 2002 ORDER TIME: 11:04 AM	
ORDER NO. : 758827-010	
CUSTOMER NO: 4718535	7 <u>/</u> 12 22 72
CUSTOMER: Linda R. Minck, Esq Porter Wright Morris & Arthur Suite 300 — 5801 Pelican Bay Boulevard Naples, FL 34108	RECEIVED:
CHANGE OF AGENT	
90	000080187991
NAME: OPHTHALMIC AND FACIAL PLASTIC SURGERY SPECIALISTS, P.A.	
	FILE SECOND
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Ginger Simmons EXT# 1139 'EXAMINER:	C. Couiliette SEP 2 5 2002

* 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. Ophthalmic and Facial Plastic Surgery Associates, P.A., formerly 1. The name of the corporation: known as Stephen J. Laquis, M.D., P.A.
2. The principal office address: 26800 South Tamiami Trail, Suite 360, Bonita Springs, Florida
34135 (NOTE: The Articles Reflect the wrong zip code)
3. The mailing address (if different): 24600 South Tamiami Trail, #212, PMB 308, Bonita
Springs, Florida_34134
4. Date of incorporation/qualification: 3/21/02 Document number: p02000032406
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Florida Department of State: Stephen J. Laquis Alt. FP
224 Commercial Boulevard, Suite 200
Lauderdale by the Sea, Florida 33308
6. The name and street address of the new registered agent (if changed) and /or registered of the
changed):
Stephen J. Laquis
2 24600 South Tamiami Trail, #212, PMB 308 (P.O. Box or personal mailbox NOT acceptable)
Bonita Springs, Florida 34134
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 oblicer enairman or vice chairman of the board) Stephen J. Laquis, M.D., P.A., President (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 division 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) (Date)
If signifig on behalf of an entity:
(Typed or Printed Name) (Capacity)

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