

PO2000061729

(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



700111224657

11/05/07--01041--006 **122.50

FILED
07 NOV -5 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SL

6/28/11
7/2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EYEKON MEDICAL, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000061729

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:

I. MICHAEL TUCKER, ESQUIRE

(Name of Contact Person)

LAW OFFICE OF I. MICHAEL TUCKER, P. L. C.

(Firm/Company)

498 PALM SPRINGS DRIVE, SUITE 100

(Address)

ALTAMONTE SPRINGS, FLORIDA 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

I. MICHAEL TUCKER, ESQUIRE

(Name of Contact Person)

at (407) 977-8836

(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

**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: EYEKON MEDICAL, INC.
2. The principal office address: 2451 ENTERPRISE ROAD
CLEARWATER, FLORIDA 33763
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/03/2002 Document number: P02000061729
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARK D. ROBINSON

2451 ENTERPRISE ROAD

CLEARWATER, FLORIDA 33763

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

LAW OFFICE OF I. MICHAEL TUCKER, P.L.C.

498 PALM SPRINGS DRIVE, SUITE 100

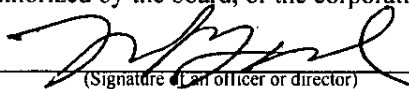
(P.O. Box NOT acceptable)

ALTAMONTE SPRINGS, FLORIDA 32701

FILED
07 NOV -5 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

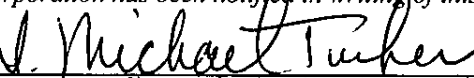
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

MARK D. ROBINSON 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)

I. MICHAEL TUCKER, ESQUIRE

(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)