

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000079790

**FILED  
Mar 08, 2012  
Secretary of State**

**Entity Name:** OPHTHALMOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

3100 CORAL HILLS DR.  
SUITE #206  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3100 CORAL HILLS DR.  
SUITE #206  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 14-1840517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLICK, LISA P ESQ  
2522 EAGLE RUN COURT  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

GLICK, LISA P ESQ  
2539 ROYAL PALM WAY  
WESTON, FL 33327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA P. GLICK      03/08/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GLICK, HENRY E D.O.  
Address: 3100 CORAL HILLS DR., SUITE 206  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HENRY E GLICK      PRES      03/08/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date