

P04000060952

(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: Provision Laser Eye Center P.A.  
Name of Corporation

DOCUMENT NUMBER: P04000060952

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:

Nadine Holkamp  
Name of Contact Person

Provision Laser Eye Center  
Firm/Company

1219 Jacaranda Blvd.  
Address

Venice FL 34292  
City/State and Zip Code

nholkamp@provisioneye.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadine Holkamp at (941) 493-0311  
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

**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: Provision Laser Eye Center P.A.
2. The principal office address: 1219 Jacaranda Blvd  
Venice, FL 34292
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/12/04 Document number: P04000060952

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Provision Laser Eye Center  
1219 Jacaranda Blvd.  
Venice, FL 34292

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

Scott Durrett - President  
Provision Laser Eye Center  
P.O. Box NOT acceptable  
1219 Jacaranda Blvd. Venice, FL 34292

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]  
Signature of an officer or director

Scott Durrett, MD -  
Printed or typed name and title President

*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]  
Signature of Registered Agent

2/2/2011  
Date

If signing on behalf of an entity:

Scott Durrett  
Typed or Printed Name

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