P04000000952

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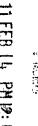
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Provision (eser Eyr Center P. Name of Corporation
DOCUMENT NUMBER: P0400060952
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:
Name of Contact Person
Name of Contact Person
Provision Caser Eye Center Firm/Company
1219 Jacaranda Blud. Address
Uenice FL 34292 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 493-0311 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 Tacaranda Blud Ucnica, FL 34292
3. The mailing address (if different): 5 0 0 0
4. Date of incorporation/qualification: 4/12/04 Document number: 104000660952
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 Jacarana- Blud.
Ucnice 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 Jacarand - Blud. Uenice FL 34292
P.O. Box NOT acceptable
1219 Jacaranda Blud. Venice, FL
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, of the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Printed or typed name and title less ident
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.
2/2/2011
Signature of Registered Agent Date
If signing on behalf of an entity: Sc.o H OurreH
Typed or Printed Name

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