

PO5000127306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & D EYE CARE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000127306

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:

DONNA JOY MANGATT
(Name of Contact Person)

C & D EYE CARE, P.A.
(Firm/Company)

950 HANCOCK CREEK S. BLVD #325
(Address)

CAPE CORAL, FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA MANGATT at (954) 383 6944
(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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C & D EYE CARE, P. A
2. The principal office address: 1929 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909
3. The mailing address (if different): 950 HANCOCK CREEK S. BLVD #325
CAPE CORAL, FL 33909
4. Date of incorporation/qualification: Sept 15, 2005 Document number: P05000127306
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DONNA MANGATT
5031 SW 90th AVE
COOPER CITY, FL 33328

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

DONNA MANGATT
950 HANCOCK CREEK S. BLVD #325
(P.O. Box NOT acceptable)
CAPE CORAL FL 33909

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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.

Donna Mangatt
(Signature of an officer or director)

DONNA MANGATT, VICE 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 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.

Donna Mangatt
(Signature of Registered Agent)

11/10/05
(Date)

If signing on behalf of an entity:

C & D EYE CARE, P. A
(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)