

P93000068034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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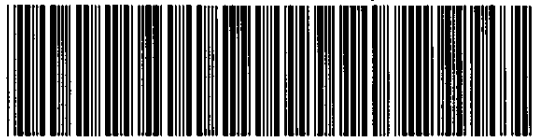
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 19 PM 3:34

2009 MAY 26 2009

Vision 21 Managed Eye Care of Tampa Bay, Inc.

120 West Fayette Street, Suite 700, Baltimore, Maryland 21201

May 15, 2009

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Vision 21 Managed Eye Care of Tampa Bay, Inc. - Document Number P93000068034
Registered Agent Change of Address

Gentlemen:

Enclosed for filing on behalf of Vision 21 Managed Eye Care of Tampa Bay, Inc. are the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations, which serve as notification of the company's registered agent's change of address. Also enclosed is a check in the amount of \$35 to cover the filing fee.

I would appreciate it if you could stamp the duplicate copy of this letter and return it to me in the enclosed self-addressed envelope provided for your convenience to acknowledge receipt of this filing.

If you have any questions, please do not hesitate to call me at 877-730-2347.

Sincerely,



Valerie C. Reedy
Compliance Director

VCR:tms

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision 21 Managed Eye Care of Tampa Bay, Inc.
Name of Corporation

DOCUMENT NUMBER: P93000068034

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:

Valerie Reedy
Name of Contact Person

Block Vision, Inc.
Firm/Company

120 W Fayette Street, Suite 700
Address

Baltimore, MD 21201
City/State and Zip Code

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

For further information concerning this matter, please call:

Valerie Reedy at (877) 730-2347
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: Vision 21 Managed Eye Care of Tampa Bay, Inc.
2. The principal office address: 120 W Fayette Street, Suite 700
Baltimore, MD 21201
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9-30-93 Document number: P93000068034
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)

Audrey Weinstein

6111 Broken Sound Pkwy, Suite 370

Boca Raton, FL 33487

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

Audrey Weinstein

7700 Congress Avenue, Suite 3108

P.O. Box NOT acceptable

Boca Raton, FL 33487

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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.

Audrey Weinstein
Signature of an officer or director

Audrey Weinstein, VP & Secretary
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.

Audrey Weinstein
Signature of Registered Agent

5-15-09
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)