

LAW OFFICES
GREENFIELD & DuVAL

Mailing Address:
P.O. BOX 610488
NORTH MIAMI, FLORIDA 33261-0488

HARVIE S. DUVAL
MICHAEL D. HYMAN
JOHN GREENFIELD
Of Counsel

June 11, 1998

1130 N. 35TH STREET
NORTH MIAMI, FLORIDA 33181
DADE (305) 893-9270
FAX (305) 893-6696

P95000011029

Offices of the Secretary of State
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

100002568051--2
-06/22/98--01022--016
*****35.00 *****35.00

100002568051--2
-06/22/98--01022--017
*****10.00 *****10.00

Attention: Mrs. Carol Mustain,
Corporate Specialist

Re: **PHYSICIANS LASER SERVICES OF FLORIDA, INC.**
Ref. No.: P95000011029

Dear Mrs. Mustain:

Thank you for your letter of June 4th.

In accordance with that letter, I herewith enclose same, together with
Statement of Registered Agent and the check of **GREENFIELD & DUVAL** for
\$35.00. I enclose an additional check for \$10.00 to cover a Certificate of Good
Standing.

Thank you for your attention.

Very truly yours,

GREENFIELD & DUVAL

Harvie S. DuVal
HARVIE S. DUVAL

(Signed in his absence to avoid delay)

HSD:mc
Enclosures
physician.doc

APPROVED
AND
FILED

98 JUN 22 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

35.00 - FF
10.00 - cert

Re act. +

*Per [Signature]
Bring Back to active sta*

6-22-98

CM
PA CM
Cent of Good Standing
P95000011029
CM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 4, 1998

GREENFIELD & DUVAL
% HARVIE DUVAL
1680 N.E. 135TH STREET
NORTH MIAMI, FL 33181

SUBJECT: PHYSICIANS LASER SERVICES OF FLORIDA, INC.
Ref. Number: P95000011029

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We have received your document for the subject corporation, however, upon receipt of your form, no check was enclosed. To avoid the fees of reinstatement, please send a check or money order to the undersign within 10 days of the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 798A00031667

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PHYSICIANS LASER SERVICES OF FLORIDA, INC.
2. The mailing address of the corporation is: P.O. Box 907, Boca Raton, FL 33429-0907
3. Date of incorporation/qualification: 2/7/95 Document number: P95000011029
4. The name and address of the current registered agent and office:

R E S I G N E D

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MICHAEL D. HYMAN, ESQ.

1680 N.E. 135th Street - #101 East

North Miami, FL 33181

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUN 22 PM 2:41

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AND
FILED

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.

Raymond F. Strack
(Signature of an officer, chairman or vice chairman of the board)

5/13/98
(Date)

Raymond F. Strack

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Michael D. Hyman
(Signature of Registered Agent)

5/13/98

(Date)

If signing on behalf of an entity:

MICHAEL D. HYMAN, ESQ.

(Typed or Printed Name)

(Capacity)

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