## P9500036955

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: 10, 10

500003420435--9 -10/10/00--01014--024 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

<u>c</u>	Corporation(s) Name	<u> </u>
Vision	Care, Inc.	Charge Sm 8
( )Profit ( )Nonprofit	( )Amendment	()Merger % O
()Foreign ()LLC	()Dissolution ()Withdrawal	()Mark
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	( )UBR ( )Fititious Name	()Other Ch. RA
***Special Instructions**		
()Certified Copy ()arts/ameds/mergers () Other	()Photocopies -See Above	
(XXX)Walk in	(XXX)Pick-up	( )Will Wait

Please Return Filed Stamped Copies To:

Carol Clark

Thank You!

10/10/00

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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 <u>Florida</u> 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: Vision Care, Inc	
2. The mailing address of the corporation is:	
100 MANSEll Court East Suite 400, Roswell, GA 30076	
3. Date of incorporation/qualification: <u>5-10-95</u> Document number:	P95000036955
4. The name and address of the current registered agent and office:	
Shue, Henry C. Tie	3 8
5775 Blue Lagoon Dr Ste 400	
Miami, FL 33126	
5. The name and address of the new registered agent and office: (P. O. Box Not Acc	eptables - o
CT Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
The street address of its registered office and the street address of the business of agent, as changed, will be identical.	ffice of its registered
Such change was authorized by resolution duly adopted by its board of directors authorized by the board.	or by an officer so
lamm1 $9/2$	.2/00
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Bruce A. mitchell Secretary 9/2  (Printed or typed name and title)	12/00
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of process for the corporation, I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of	act in this capacity. er and complete my position as
registered agent.  A W Mass Lia	nlalon
(Signature of Registered Agent)	Date)
If signing on behalf of an entity:  DALE W. MORRIS  ASSISTANT VICE PRESIDENT	
(Typed or Printed Name) (Capa	
CR2E045(4/95)	FILING FEE: \$35.00