047555 GILLIGAN, KING & GOODING, P.A.

PATRICK G. GILLIGAN W. JAMES GOODING III WILLIAM ALLAN KING ERIC P. GIFFORD

ATTORNEYS AT LAW 1531 SOUTHEAST 36TH AVENUE OCALA, FLORIDA 34471

TELEPHONE (352) 867-7707 FACSIMILE (352) 867-0237 www.ocalalaw.com

September 26, 2002

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: Ocala Eye Surgery Center, Inc.

Dear Sir/Madam:

Enclosed are the original and one copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations of the above-named Florida corporation. Also enclosed is our firm's check for the filing fee.

Please file the enclosed Statement of Change of Registered Office or Registered Agent or Both for Corporations. Thank you for your courtesies and your prompt attention to this matter.

Sincerely,

GILIAGAN, KING & GOODING, P.A.

WAK/bl

Enclosures:

Statement of Change of Registered Office or Registered Agent (original and copy)

Firm Check

cc:

Robert T. Tilley

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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: Ocala Eye Surgery Center, Inc.
- 2. The mailing address of the corporation: 1500 SE Magnolia Extension, Suite 106, Ocala, FL 34471
 - 3. Date of incorporation/qualification: 06/15/95 Document number: P950000475\$
- 4. The name and address of the current registered agent and registered office on file with the Florida Department of State:

William Allan King, Esquire 7 E. Silver Springs Blvd., Suite 500 Ocala, FL 34470

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

William Allan King 1531 SE 36th Avenue Ocala, Florida 34471

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 opted by its board of directors or by an officer so authorized by the board.

Gordon C. Schwenk, M.D./President

(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.

William Allan King

FILING FEE: \$35.00 * * *

CR2E045 (9/00)

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Rev. 0802

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