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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

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## REGISTERED AGENT RESIGNATION

PREFERRED EYE CARE, INC.

Certificate of Status	
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05 FEB 28 PM 2: 25 ALLAHASSEE, FLORIDA

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ALAN H DANIELS
(Name of Registered Agent)
hereby resigns as Registered Agent for PREFERRED EYE CARE, INC.
(Name of Corporation)
P95000050551
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314