## P96000032082

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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 and approximately sections of sections 4 and 4 and 5 a	orida Sta	ztutes,
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 age	ent, or be	otn, in ~
the State of Florida.  1. The name of the corporation: Spectera Vision Services of Florida, Inc.	Fig	002
1. The name of the corporation . Speciera vision services of Florida, inc.	ĦĒ.	AR
	_ <u>}</u>	-№
2. The mailing address of the corporation: 2811 Lord Baltimore Drive	SEE SY (	~
Baltimore, MD 21244	<u> </u>	3
3. Date of incorporation/qualification: April 21, 1994 Document number: P9600	S 003 <del>23</del> 082	<del>3:</del>
4. The name and address of the current registered agent and office:	<b>A</b>	
Katz, Kutter, Haigler, Alderman, Davis, Marks & Rutledge, P.A.	_	
Tallahassee, FL 32301		
5. The name and address of the new registered agent (if changed) and/or registered office (P. O. Box Not Acceptable)	(if chang	;ed):
C T Corporation System		
c/o C T Corporation System, 1200 South Pine Island Road,	•	-
Plantation, Florida 33324	_	
The street address of its registered office and the street address of the business office of agent, as changed, will be identical.	its regis	tered
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board.	n officer	so
(Signature of an officer, chairman or vice chairman of the board) (Date)	<del>ว_</del>	_
(2007)		
Laurence A. Manchio, President (Printed or typed name and title)		
Having been named as registered agent and to accept service of process for the above s corporation, I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the proper and convergence of my duties, and I am familiar with and accept the obligation of my positive registered agent.  C T Corporation System /	tated is capaci implete on as	ity.
By: 126/02		_
(Signature of Registered Agent) (Date)		-
If signing on behalf of an entity:		
Kevin D. Lumberg Assistant Secretary		
(Typed or Printed Name) (Capacity)		

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314