

December 26, 1996

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: AMERICAN OPHTHALMIC OF TALLAHASSEE, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above

referenced name, which is to be filed in your office. I have enclosed check # 0988 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at

800-472-0544.

Thank you,

Delanie Lundgren

Ollanie Lundgun

enclosures

FILED
97 JAN -2 PH 12: 24
SECKETARY OF STATE
ALLAHASSEE, FLORIDA

TO CE

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0 Florida Statutes, the undersigned corporation plorida	n organized u	nder the laws o	f the State	of
or registered agent, or both, in the State Flo		r to change its	registered o	office
1a. The name of the corporation is:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AMERICAN OPHTHALM	IIC OF TALLAR	ASSEE, INC.		
1b. Date of incorporation: 4/23/96	Do	ocument numbe	P9600003	5475
2. The name and address of the current re corporation service company	egistered agen	t and office:		
1201 Hays Street, Tallahassee, Fl 32	301-2525		97 [A]	
3. The name and address of the new regist (P.O. Box Not Acceptable)	tered agent an	d office:	JAH -2	
NRAI Services, Inc.			SEE TO	m
526 East Park Avenue, Tallahassee, Florida 32301			H 12: 2	
The street address of its registered agent ar of its registered agent as changed will be id		ddress of the b		ice
Such change was authorized by resolution of an officer so authorized by the board.	duly adopted t	y its board of	directors or	by
fluxad / D'lleux	I Richard	J. D'Amico, V	ice Presid	dent
/SIGNATURE December 17, 1996	Typed or	printed name a	ind title	
DATE				

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

O REGIOTERED AGENT.	
NRAI Services, Inc.	
NRAI Services, Inc. SIGNATURE By: Manuelundgen	asst
(Registered Agent)	ple
DATE 12-26.96	

CR2E045 (7-91)

FILING FEE: \$35.00