Palo 000054049

December 26, 1996

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

Attn: Corporate Filing Dept.

Re: AMERICAN OPHTHALMIC OF MIAMI, INC.

00002044020--2 -01/03/97--01026--006 *****35.00 *****35.00

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 # 0985 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,

Ollanie Lundgun
Delanie Lundgren

enclosures

FILED

1 JAN -2 AHII: 23

CRETARY OF STATE
LLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. 1a. The name of the corporation is: AMERICAN OPETHALMIC OF MIAMI, INC.			
		1b. Date of incorporation: 6/26/96	Document number P96000054649
		2. The name and address of the current registered corporation service company	LAS AN
1201 Hays Street, Tallahassee, Fl 32301-252	FIL 1-2 1ASS		
3. The name and address of the new registered ag (P.O. Box Not Acceptable)	ent and office:		
NRAI Services, Inc.	R 2		
526 East Park Avenue, Tallahassee, Florida 32301	> '		
The street address of its registered agent and the sidentical of its registered agent as changed will be identical.	treet address of the business office		
Such change was authorized by resolution duly add an officer so authorized by the board.	pted by its board of directors or by		
	chard J. D'Amico, Vice President		
• •	ped or printed name and title		
December 17, 1996 DATE			
HAVING BEEN NAMED AS REGISTERED AGENT A PROCESS FOR THE ABOVE STATED CORPORATION IN THIS CERTIFICATE, I HEREBY ACCEPT THE AP AGENT AND AGREE TO ACT IN THIS CAPACITY. WITH THE PROVISIONS OF ALL STATUTES RELAP PLETE PERFORMANCE OF MY DITTIES. AND LAM	ON AT THE PLACE DESIGNATED POINTMENT AS REGISTERED I FURTHER AGREE TO COMPLY TIVE TO THE PROPER AND COM-		

NRAI Services, Inc.
SIGNATURE BY: Dlane

DATE 12-7

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CR2E045 (7-91)

FILING FEE: \$35.00

(Registered Agent)