P97000005826

		1	
		- 1	
South Florida Eye		\dashv	
11760 Pi	Consultante	- 1	
	33175	1	
City/State/Zip		1	
CO	Phone #	1	
CORPORATION NAME		1	
CORPORATION NAME(S)	& DOCUMENTS	Office 1	Use Only
1.	- SIMENT NUN	ABER(S), GEL	- Only
70		(*), (n known):	
(Corporation Name)			
	Œα	cument #)	· · · · · · · · · · · · · · · · · · ·
(Corporation Name)		ounent #)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	(Doci	48 19	
(Corporation Name)	(200)	iment #)	
• •			
	(Docur	nent #)	
(Corporation Name)			
Walk in	(Docum	ent #\	
Mail out		"/	
Mail out Pick up time		_	
NEW PO		Certified Copy	
LINCO TRANSPORTED TO THE PARTY OF THE PARTY		\int_{C}	
Profit		Certificate of Status	
NonProfit Amendment			
		-	
Limited Liability Resignation of 1	R.A., Officer/Director	rooonen:	207
Domestication Change of Regis Other Dissolve	to- Linector	70000283 -04/14/99 *****35.1	-01052-00-0
Other Dissolution/Visit	tered Agent	*************************************	20 ******35_DD
Total With	drawal		- N + C4D
Merger		\mathbf{z}_{c}	
OTHER FILINGS		99 APR	
	Trossel a Mac	の意意	
Fictitious Name Foreign Foreign	RINGE	SS	* 1
Name Foreign	TION REPORT		
THE RESONAL	- MI	7. G ₽	
Limited Partnership		. [5] 😯	
Reinstatement		PM 2:23 UF STATE E. FLORIDA	
Trademark		> 1	
Other			
1 - 1.01	7		

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6	^
the undersigned corporation organized under the laws of the St submits the following statement in order to change its register	
the State of Florida.	rea office of registered agent, or both, in
1. The name of the corporation is: South Florid	la Eye Care, Inc.
-	
2. The mailing address of the corporation is: 17460 St	
3. Date of incorporation/qualification: 1-21-9\(\frac{1}{3}\)	2)
3. Date of incorporation/qualification: 1-21-97 CHA	Document number: 9700005826
4. The name and address of the current registered agent and off	fice:
Adoest P Charbonnea	w
Resgie and Sunger	-, P.A.
208 S.E. Gth Street, Ft1	
5. The name and address of the new registered agent and office	e: (P. O. Box Not Acceptable)
Pafael 601t12	
11760 SW 408+ #1	20
miami, FL 33	175
The street address of its registered office and the street addres agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its authorized by the board.	s board of directors or by an officer so
Company of the board	<u> </u>
Signature of an officer, chairman or vice chairman of the board)	(Date)
Partiel GOV+17 President (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered ag I further agree to comply with the provisions of all statutes reperformance of my duties, and I am familiar with and accept registered agent.	elative to the proper and somplete the obligation of my position as
	4-8-99 3 7
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity) RDA 23
	DA STE
* * * FILING FEE: \$35.00	0 * * *