

Division of Corporations

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525135

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mwagner@centerforsight.org

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
CENTER FOR SIGHT OF NORTHWEST FLORIDA, P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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mwagner

SEP 26 2012
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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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Center for Sight of Northwest Florida, P.A.
- 2. The principal office address: 6190 N. Davis Hwy.
Pensacola, FL 32504
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/27/1990 Document number: S25135

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gary B. Leuchtman
3 West Garden Street, Blount Building
Pensacola, FL 32501

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary B. Leuchtman
501 Commendancia Street
P.O. Box NOT acceptable
Pensacola, FL 32502

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

George T. McKnight, MD
Printed or typed name and title

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. If this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9/24/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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