

CORSARO & ASSOCIATES CO., LPA

2001 Crocker Road
Gemini Tower II, Suite 400
Cleveland, OH 44145
(440) 871-4022/Telephone
(440) 871-9567/Facsimile

DEPARTMENT OF STATE
Division of Corporations
409 E. Gaines St.
Tallahassee FL 32399

Re: Hillmoor Eye Surgery Center, Inc.

Dear Sir/Madam:

400006472854--2
-07/17/02--01049--024
*****70.00 *****70.00

Enclosed herewith are the following items:

1. Articles of Incorporation for the above-referenced entity; and
2. A check in the amount of \$70.00, as payment for the filing fee for the Articles of Incorporation and the Designation of Registered Agent.

Upon registration of the corporation, please forward the letter of acknowledgment to the undersigned Firm. If you should have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA

By: Mark A. Kikta, Esq.

MAK/tlb
Enclosures

cc: Dr. William B. Dreyer (w/enclosures) (via U.S. mail)
Dr. John D. Mallonee (w/enclosures) (via U.S. mail)

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02 JUL 17 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **Hillmoor Eye Surgery Center, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **1700 South East Hillmoor, Suite 100
Port St. Lucie, FL 34952**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to engage in any lawful act or activity for which corporations may be formed under Chapter 607 of the Florida Statutes.**

ARTICLE IV SHARES

The number of shares of stock is: **One-thousand (1,000)**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **Dr. Kenneth Langley**

1700 South East Hillmoor, Suite 100

Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **Dr. Kenneth Langley**

1700 South East Hillmoor, Suite 100

Port St. Lucie, FL 34952

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X Ken Langley
Signature/Registered Agent

7/15/02
Date

X Ken Langley
Signature/Incorporator

7/15/02
Date

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TALLAHASSEE FLORIDA
SECRETARY OF STATE