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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

HEALTHY VISION EYE CENTER, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF INCORPORATION
of
HEALTHY VISION EYE CENTER, P.A.

I, the undersigned subscriber to these articles of incorporation, person competent to contract, do, hereby associate myself for the purpose of becoming a corporation under the laws of the State of Florida, and do hereby adopt the following Articles of Incorporation.

Section 1.01 Name:

The name of the incorporation is:

Healthy Vision Eye Center, P.A.

Section 2.01 Capital Stock and Initial Capital: The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred shares of five dollars par value each, no pre-emptive rights, non-assessable. The initial capital for which this corporation will begin business shall not be less than five hundred dollars.

Section 3.01 Term of Existence and Address:

This corporation shall have perpetual existence and its corporate existence shall commence at the time of filing the Articles of Incorporation. The post office address of this corporation in the State of Florida shall be:

1624 Eagles Landing Blvd Apt 83 Tallahassee, Fl 32308

Section 4.01 Name of Directors and Subscribers:

The Board of Directors of this corporation shall consist of not less than one member, initially, but may be increased from time to time, never less than one director. The name and address of the initial Board of Directors for the first year of the corporation existence is:

Suzane E. Smith O.D. 1624 Eagles Landing Blvd Apt 83 Tallahassee, Fl 32308

Section 5.01 Nature of Business:

This corporation shall engage in activity of business permitted under the laws of the United States and the State of Florida. OPTMETRIST OFFICE

Section 6.01 Resident Agent and Acknowledgement:

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted in compliance with said ACT: That HEALTHY VISION EYE CENTER, P.A., desiring to organize under the laws of the State of Florida with its principal office, as I have indicated in the Articles of Incorporation at the City of Tallahassee, County of Leon County, State of Florida as its agent to accept service of process within this state. I accept duties and responsibilities as Registered Agent.

ACKNOWLEDGEMENT: Suzane E. Smith O.D. 1624 Eagles Landing Blvd Apt 83 Tallahassee, Fl 32308, I, Suzane E. Smith, having been named to accept service of process for the above state corporation, at place designated in this certificate, hereby accept such nomination, agree to act in the aforesaid capacity, and agree to comply with the provision of said ACT relative to keeping open said office.

ACCEPTED BY: Suzane E. Smith, O.D.
Suzane E. Smith O.D.

In witness whereof, the subscriber has hereunto set her hand and seal this 12th day of November, 2002.

Suzane E. Smith, O.D.
Suzane E. Smith O.D.

Suzane E. Smith 1624 Eagles Landing Blvd Apt 83 Tallahassee, Fl 32308 1-850-624-2714