

P97000051167

Requestor's Name  
 Frank Malvasio  
 Address  
 21218 St. Andrews Blvd.  
 City/State/Zip Phone #  
 # 229, Boca Raton  
 33433

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W97-12038  
 97 JUN 10 PM 1:40  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 22, 1997

FRANK MALVASIO  
21218 ST. ANDREWS BLVD.  
SUITE 229  
BOCA RATON, FL 33433

SUBJECT: MEDICAL OPTICS, INC.  
Ref. Number: W97000012038

We have received your document for MEDICAL OPTICS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown  
Corporate Specialist

Letter Number: 897A00027890

**Articles of Incorporation  
of  
Medical Optics, Inc.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation for profit under Chapter 607 of the State of Florida.

**Article I**

The name of this corporation is:

Medical Optics, Inc.

The mailing address of the corporation is:

21218 St. Andrews Blvd.,  
Suite 229  
Boca Raton, Florida 33433

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TALLAHASSEE, FLORIDA

**Article II**

Nature of Business

The general nature of business to be transacted by this corporation is: any business or business activity permitted under the laws of the State of Florida and the United States.

**Article III**

Capital Stock

The maximum number of shares this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock with a par value of one dollar (\$1.00) per share.

**Article IV**

Term of Existence

The corporation shall exist perpetually.

## **Article V**

### **Registered Office and Agent**

The street address of the Registered office of this corporation in the State of Florida is:

21218 St. Andrews Blvd.,  
Suite 229  
Boca Raton, Florida 33433

Registered Agent of the corporation at the corporation's Registered Office is:

Maria Vovou

## **Article VI**

### **Directors**

This corporation shall have one director initially. The number of directors may be increased or diminished from time to time, by By-Laws adopted by the stockholders, but shall never be less than one.

## **Article VII**

### **Initial Directors**

The names and addresses of the members of the first Board of Directors are:

Frank Malvasio  
20889 St. Andrews Blvd.  
Suite 1  
Boca Raton, Florida 33433

Maria Vovou  
12887 Packwood Road  
Juno Beach, Florida 33408

## **Article VIII**

### **Incorporation**

The name and address of the incorporator of these Article of Incorporation is:

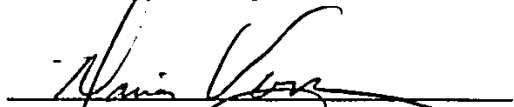
Maria Vovou  
12887 Packwood Road  
Juno Beach, Florida 33408


**Article IX**

**Amendment**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by a majority of the stock entitled to vote thereon.

IN WITNESS WHEREOF, I have made and subscribed these Articles of Incorporation this 30 day of April 1997.

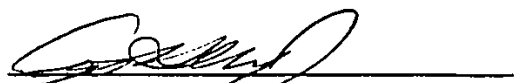
  
\_\_\_\_\_  
Maria Vovou

  
\_\_\_\_\_  
Frank Malvasio

STATE OF FLORIDA  
COUNTY OF PALM BEACH

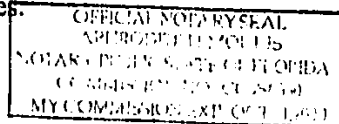
I hereby certify that on this day before me, a Notary Public duly authorized in the State and County aforesaid, to take acknowledgments, personally appeared Maria Vovou and Frank Malvasio, to me well known to be the persons described as the incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and official seal in the County and State aforesaid this 30 day of ~~June~~ <sup>April</sup> 1997.

  
\_\_\_\_\_  
Notary Public, State of Florida at Large

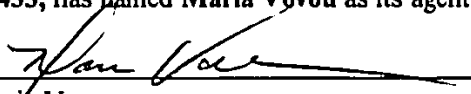
*Personally known to me.*

My commission Expires.



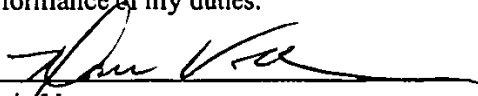
**Designation of Registered Agent  
and  
Acceptance of Designation**

In compliance with Section 607.034, Florida Statutes, the following is submitted: that Medical Optics, Inc., desiring to organize under the laws of the State of Florida, with its registered office located at 21218 St. Andrews Blvd., Suite 229, Boca Raton, Florida 33433, has named Maria Vovou as its agent to accept service of process within Florida.

  
\_\_\_\_\_  
Maria Vovou

**Acknowledgement**

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_  
Maria Vovou

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TALLAHASSEE, FLORIDA