

P97000063054

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FLORIDA EYE CARE, INC.
(Proposed corporate name - must include suffix)

200002241332--0
-07/18/97--01068--019
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PETER URBAN
Name (Printed or typed)

3800 US HWY 98N SUITE 518
Address

LAKELAND FLORIDA 33809
City, State & Zip

941 858 5555
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 18 AM 8:56

NOTE: Please provide the original and one copy of the articles.

7-22-97
WS

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

STATE OF FLORIDA
DIVISION OF CORPORATIONS
97 JUL 18 AM 8:56

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA EYE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3800 US HWY 98N SUITE 518 LAKELAND FLORIDA 33809

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 —

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PETER URBAN
3800 US HWY 98N SUITE 518
LAKELAND FLORIDA 33809

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PETER URBAN
3800 US HWY 98N SUITE 518
LAKELAND FLORIDA 33809

Peter Urban

Signature/Incorporator

JULY 15 1997

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Peter Urban

Signature/Registered Agent

JULY 15 1997

Date