

To:	Registration Section Division of Corporat	ions	The state of the s	1	
SUBJE	CT:	Pioneer EveCare, In	nc. n - must include suffix)		
Dear S	ir or Madam:	(2.22.03.77)			
"Certif	closed "Application by icate of Existence", art business in Florida.	y Foreign Corporation for And check are submitted to re	Authorization to Transact legister the above reference	Business in Florid d foreign corpora	a", tion to
Please	return all corresponde	nce concerning this matter	to the following:		
		Rita MacNeish		· .	
		(Name of	Person)	0003421 -10/10/00(	)1112001
		Pioneer EyeCare, I		******78.75	***** (8. (3
		(Firm/Cor	npany)		
		11431 Cronhill Dri	ve		
	<del></del>	(Addr	ess)		
		Owings Mills, Mary	land 21117		
	•	(City/Sta		· · ·	
a. 11	14	in a this motter	· nlesse call·		
Shoma	you need to call some	eone concerning this matter	, prease can		<u>0</u>
		at / /10	) 415-0360, extensi	on 149	SECRETAR DIVISION OF 10
Rit	a MacNeish (Name of Person)	at ( <u>410</u> (Area	Code & Daytime Telepho	ne Number)	7 8 8
	(1.1111) 01 1 010 010	`			
STREE	ET ADDRESS:		MAILING ADDRESS:		F STATE PORATION
Registr	ation Section		Registration Section		S.F
_	n of Corporations		Division of Corporations	3	
	Gaines St.		P.O. Box 6327		
Tallaha	ssee, FL 32399		Tallahassee, FL 32314		
Enclose	ed is a check for the fo	ollowing amount:			
<b>□ \$</b> 70.	00 Filing Fee	\$78.75 Filing Fee &  Certificate of Status	\$78.75 Filing Fee & (Certified Copy	S87.50 Filing Certificate of Certified Cop	Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Pioneer EyeCare, Inc.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
	haimal person of parmership it not so contained in the same of processing	
2.	Delaware 3. <u>52-2026331</u>	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	. 3/31/97 5. Perpetual .  (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<del></del>
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	Upon qualification	
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificati (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	on.")
7.	a 11431 Cronhill Drive, Owings Mills, Maryland 21117	,
	(Principal office address)	
	b. 11431 Cronhill Drive, Owings Mills, Maryland 21117	
	(Current mailing address)	
8.	Provide managed eye care services.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	Ald
	Name: CorpAmerica, Inc.	SECR
Of	ffice Address: 416 S.E. 15th Street	OF OC
	Ft. Lauderdale , Florida 33316 (Zip code)	OF ST
	(Zip code)	ATE ATE
10	). Registered agent's acceptance:	ট্য

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent,

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12., Names a	and business addresses of officers and/or directors:
A DIRECT	ORS
Chairman: _	Leon Kaplan
Address:	11431 Cronhill Drive, Owings Mills, Maryland 21117
Vice Chairma	en:
Address:	
Director:	Judith P. Stocker
Address:	11431 Gronhill Drive, Owings Mills, Maryland 21117
· 	
Director:	
Address:	,
	DS .
B. OFFICE	RS
President:	Judith P. Stocker
Address:	11431 Cronhill Drive, Owings Mills, Maryland 21117
Vice President:	
Address:	
Secretary:	Leon Kaplan
Address:	11431 Cronhill Drive, Owings Mills, Maryland 21117
<del></del>	
Treasurer:	
Address:	
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.
13.	Le land
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	Leon Kaplan, Chairman and Secretary

(Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIONEER EYECARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2000.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0700774

DATE: 09-27-00

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