

F03000005303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

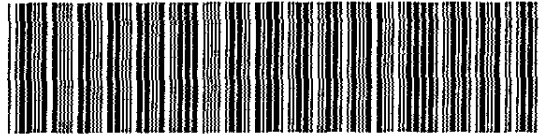
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/03--01023--005 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 AM 11:06

F03-5303 10/15/03

- my employer ident. # is
58-2646438.
- my cell. # until October 30th
is
(912) 269-3745 if
there are any problems.

NEW
ZYMAR
(gatifloxacin ophthalmic solution) 0.3%

Thanks
C

TAL LETTER

ision Care, P.C.
ration - must include suffix)

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Beckham, O.D.
(Name of Person)
Beckham Vision Care, P.C.
(Firm/Company)
315 Calhoun St.
(Address)
Fernandina Beach, FL 32034
(City/State and Zip code)

For further information concerning this matter, please call:

Amy Beckham at (904) 491-4858
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status
☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. Beckham Vision Care, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. WA card # 0137333 EIN: 582646438
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/7/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/29/03
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 315 Calhoun St. Fernandina Beach, FL 32034
(Principal office address)

Same
(Current mailing address)

8. Optometric 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)

Name: Amy Beckham

Office Address: 315 Calhoun St.
Fernandina Beach, Florida 32034
(City) (Zip code)

10. Registered agent's acceptance:

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, 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.

Amy E. Beckham
(Registered agent's signature)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Amy Beckham, O.D.

Address: 315 Calhoun St.
Fernandina Beach, FL 32034.

Vice Chairman: _____

Address: Same

Director: Same

Address: _____

Director: Same

Address: _____

B. OFFICERS

President: Amy E. Beckham, O.D.

Address: 315 Calhoun St.
Fernandina Beach, FL 32034

Vice President: Same.

Address: _____

Secretary: Cathy Harper

Address: 6870 GRASSMOOR Orange Way Cumming, GA

Treasurer: " " 30040

Address: Same.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Amy E. Beckham, O.D.
(Signature of Director or Officer listed in number 12 of the application)

14. Amy E. Beckham, O.D. ; President & CEO
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 AM 11:06

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0137333
DATE INC/AUTH/FILED: 08/07/2001
JURISDICTION : GEORGIA
PRINT DATE : 10/15/2003
FORM NUMBER : 211

BECKHAM VISION CARE, P.C.
AMY BECKHAM, O.D.
315 CALHOUN ST.
FERNANDINA BEACH, FL 32034

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

BECKHAM VISION CARE P.C.
A PROFESSIONAL CORPORATION

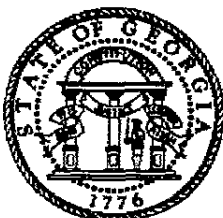
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20031015160104185



Cathy Cox

Cathy Cox
Secretary of State