

F95000004372

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

RECEIVED
SEP 11 1988
TALLAHASSEE, FL 32314

SUBJECT: Apollo Eye Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

David G. Krall, Esq.

(Name of Person)

Taft, Stettinius & Hollister

(Firm/Company)

1800 Star Bank Center; 425 Walnut Street

(Address)

Cincinnati, OH 45202

(City/State/Zip)

RECEIVED
SEP 11 1988
TALLAHASSEE, FL 32314
mtm

Should you need to call someone concerning this matter, please call:

David G. Krall, Esq.

(Name of Person)

at (513) 381-2838

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. Apollo Eye Associates, 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.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 65-0601046
(FEI number, if applicable)
4. July 28, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. August 7, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Kathryn Dillon
Office Address: 2424 N. Federal Hwy, Suite 362
Boca Raton, Florida, 33431
(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. 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.

Kathryn Dillon
(Registered agent's signature)

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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Please See Attached _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Jan H. Kaplan _____

Address: 2424 N. Federal Hwy, Suite 362 _____

Boca Raton, FL 33431

Vice President: _____

Address: _____

Secretary: Karen Kaplan _____

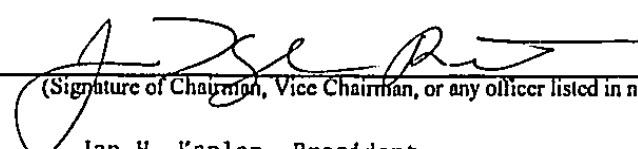
Address: 2424 N. Federal Hwy., Suite 362 _____

Boca Raton, FL 33431

Treasurer: _____

Address: _____

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

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jan H. Kaplan, President _____
(Typed or printed name and capacity of person signing application)

APOLLO EYE ASSOCIATES, INC. DIRECTORS

Jan H. Kaplan - 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431

Karon Kaplan - 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431

James R. Cook, M.D. - 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431

Peter Molinaro, Jr. - 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431

Vincent C. Manopoli - 2424 N. Federal Hwy, Suite 362
Boca Raton, FL 33431

FILED
TALLAHASSEE, FLORIDA

55 SEP -8 AM 8:31

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AROLD EYE ASSOCIATES, 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-FIRST DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
95 SEP -8 AM 8:31
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

2528597 8360

2501888 37

AUTHENTICATION: 7614308

DATE: 08-21-95