

# F96000000983

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Refractive Centers International, 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:

Peter Confrey  
(Name of Person)  
Refractive Centers International, Inc.  
(Firm/Company)  
21 Hickory Drive  
(Address)  
Waltham, MA 02154  
(City/State/Zip)

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DIVISION OF CORPORATIONS

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

Peter Confrey at ( 617 ) 890-1234  
(Name of Person) (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. Refractive Centers International, 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. 04-3182067  
(FEI number, if applicable)

4. 1/13/93  
(Date of Incorporation)

5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. Will commence 3/4/96  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 21 Hickory Drive

Waltham, MA 02154

(Current mailing address)

8. Management of Medical Clinics

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.*

  
(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.

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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: \_\_\_\_\_

Address: See attached \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

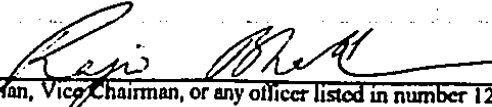
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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. Rajiv P. Bhatt, Executive Vice President and Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

Refractive Centers International, Inc.  
Federal Id # 04-3182067

ATTACHMENT

CORPORATE OFFICERS

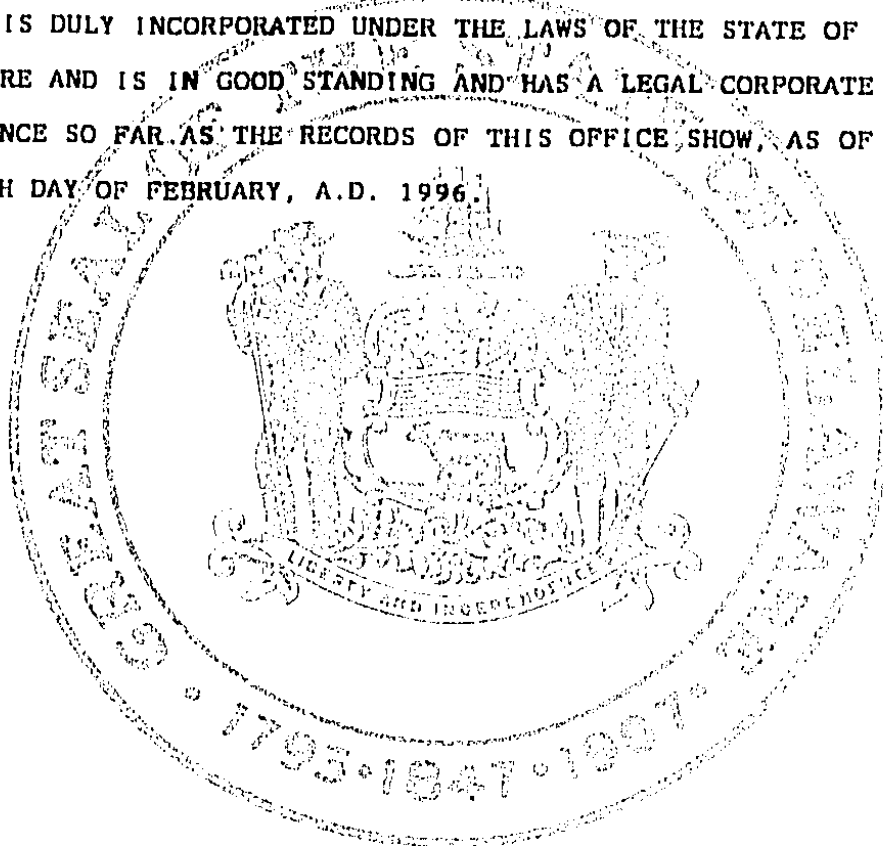
The following table sets forth certain information concerning the executive officers of the Company.

<u>Name</u>	<u>Telephone #</u>	<u>Sec. Sec. #</u>	<u>Position</u>
David Muller 87 Chestnut Street Boston, MA 02108	(617) 742-7605	045-42-9720	President
Rajiv Bhatt 80 Park St. Penthouse Brookline, MA 02146	(617) 232-0823	371-84-8835	Treasurer
Peter Litman 2 Arlington Road Wellesley, MA 02181		015-38-1885	Secretary
David Applegate 6 Edgerly Place #402 Boston, MA 02116	(617) 350-0299	558-31-5180	Vice President of Marketing
Bruce Garcia 106 Old Garrison Road Sudbury, MA 01776	(508) 443-8134	013-60-6202	Vice President of Operations
Ronald Herskowitz 712 Great Pond Road North Andover, MA 01845	(508) 975-0266	092-44-3348	Executive Vice President
Maureen O'Connell 106 13th Street Apt #322 Charlestown, MA 02129		030-40-9688	Vice President Of Compliance and Quality Assurance

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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 "REFRACTIVE CENTERS INTERNATIONAL, 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 SEVENTH DAY OF FEBRUARY, A.D. 1996.



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*Edward J. Freel*  
Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE: 7818105

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