

MAR 19-1996 12 00 00 00 00 00 00 00 00 00

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000

FROM: THE COMPANY CORPORATION  
201 N. WALNUT ST.  
CHRISTINA CENTRE THREE  
WILMINGTON DE 19801-  
CONTACT: KIMBERLY ANDRAS  
PHONE: (302) 575-0440  
FAX: (302) 575-1346

((H96000003937)))  
QUALIFICATION

DOCUMENT TYPE: FOREIGN PROFIT

NAME: EYE CARE ASSOCIATES INC.  
FAX AUDIT NUMBER: H96000003937  
DATE REQUESTED: 03/19/1996  
CERTIFIED COPIES: 0  
NUMBER OF PAGES: 4  
ESTIMATED CHARGE: \$70.00  
CURRENT STATUS: REQUESTED  
TIME REQUESTED: 10:51:16  
CERTIFICATE OF STATUS: 0  
METHOD OF DELIVERY: FAX  
ACCOUNT NUMBER:

076660001006

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000003937)))  
\*\* ENTER 'M' FOR MENU. \*\*  
ENTER SELECTION AND <CR>:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 19 PM 1:56

80-1-11-01-11-11

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

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

1. EYE CARE 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. 59 3356961  
(FEI number, if applicable)
4. JAN 19 1996  
(Date of incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.106, F.S.))
7. 5900 Central Ave Suite F  
St Petersburg FL 33707  
(Current mailing address)
8. Ophthalmic Services  
(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:**

Name: Larry Wolfe  
Office Address: 200-A John Knox Road  
Tallahassee, Florida, 32303-6643  
(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.*

see attached

(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.**

This document was prepared by Christine Jeandell, 201 N. Walnut St., Wilmington DE 19801

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAR 19 PM 1:54

MAR-19-1996 12:11

00

00

00

00

00

00

P.03/05

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: C. Deleene Cole

Address: 12404 Lagoon Lane

TREASURE IS. FL 33706

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

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

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

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

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

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

B. OFFICERS

President: C. Deleene Cole

Address: 12404 Lagoon Lane

TREASURE ISLAND FL 33706

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.

C. Deleene Cole President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

C. DELEENE COLE PRESIDENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 19 PM 1:54

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS  
MAY BE SERVED.**

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this EYE CARE ASSOCIATES INC. desiring to  
organize under the laws of the state of Florida with its principal place of business located in  
the city of St. Petersburg, State of Florida, has named Larry Wolfe  
located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of  
process within Florida.

Having been named to accept service of process for the above stated corporation, at  
the place designated in this Certificate, I hereby agree to act in this capacity, and I further  
agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties.

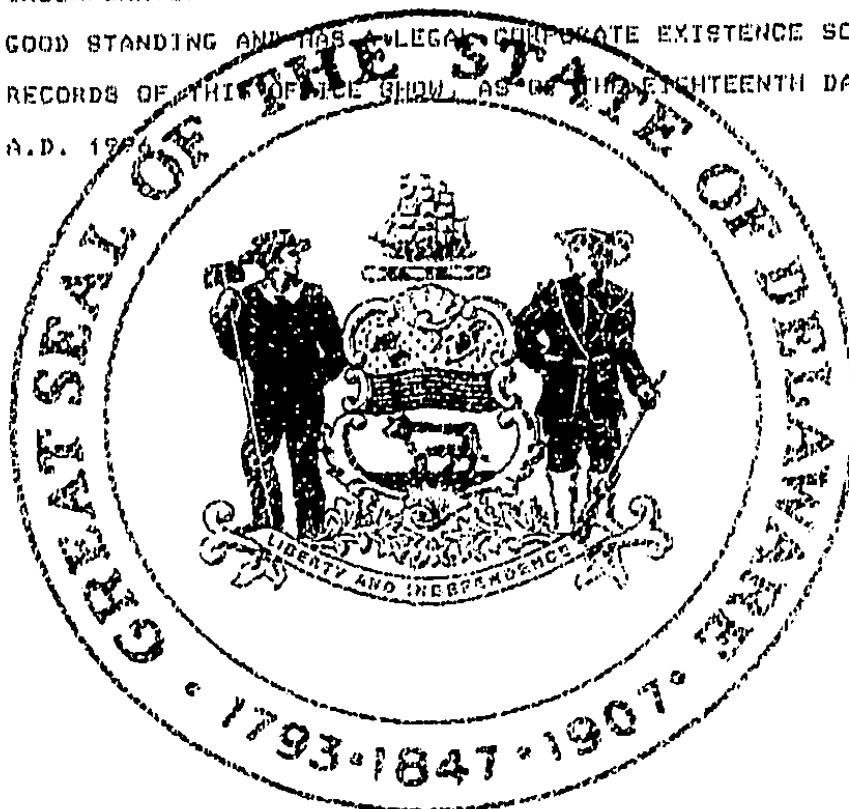
  
Larry Wolfe

March 14, 1996  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
56 MAR 19 PM 1:54

**State of Delaware**  
**Office of the Secretary of State**

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EYE CARE 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 NINETEENTH DAY OF MARCH, A.D. 1996.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 19 PM 1:54



*Edward J. Freel*

Edward J. Freel, Secretary of State

2582070 8300

960077008

AUTHENTICATION:

7869765

DATE:

03-16-96