## F98000005507

		<b>]</b>	
CT CORPO	Oration system —	7	
120 Sc	outh Central Avenue		
· ———	Clayton, MO 63105		
		500g	02653705 <del></del> 5
City/State/2	Zip Phone #	*	026537055 0/01/9801074002 ****70.00 *****70.00
		Office Use Or	ıly
CORPORATION I	NAME(S) & DOCUMENT N	JMBER(S), (if known):	·
1.			
(Corp.	oration Name)	(Document #)	
2	oration Name)	(Document #)	<del></del>
Corp	oration ivanie)	(Document #)	
3(Corp.	oration Name)	(Document #)	<del></del>
		<b>(</b> -1	
4(Corp	oration Name)	(Document #)	
☐ Walk in ☐	Pick up time	Certified Copy	
☐ Mail out ☐	Will wait Photocop	y Certificate of Statu	Ŝ
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/D	irector	
Limited Liability	Change of Registered Agent		To 9
Domestication	Dissolution/Withdrawal		SECH SECH SECH
Other	Метдет		LAIRASSI
		<del></del>	
OTHER SIGNES	REGISTRATION/		
Annual Report	QUALIFICATION	1/0	9: 1
Fictitious Name	Foreign	A political	TILED  BOCT - I AM 9: 15  ECRETARIO STATE LANASSEE, FLORIDA
Name Reservation	Limited Partnership	$\int \sqrt{\theta} \sqrt{\chi}$	
	Reinstatement		
	Trademark	]	
	Other		

Examiner's Initials

## 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.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
	(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.	(State or country under the law of which it is incorporated)  3. (3-0138090 (FEI number, if applicable)
4.	(Date of Incorporation)  5.   Corporation   5.   Corporation   5.   Couration: Year corp. will cease to exist on "perpetual")
6.	(Date of Incorporation)  (Date of Incorporation)  (Duration: Year corp. will cease to exist and "perpetual")  (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F-S.)  3300 University Boulevard
7.	3300 University Boulevard
	Winter Park, Florida 32792 (Current mailing address)
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) organized
	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.

M.S. Registered agent's signature)
(Registered agent's signature)

MIS. Green, ast-Sec.

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: Michael R Forcis 3300 University Bouleword Winter Pork, Florida 32792 Vice Chairman:  $\sqrt{a}$ Address: Director: Richard L Stensorual Address: 1211 Lockard Road 54. Louis, MO 63146 Director: Creson L Wilson Address: 3300 University Bouleverd Winter Park Florida 32792 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: John Overby Address: 3300 University Bouleveral Winter Park, Florida 32792 Vice President: \_\_\_\_NA Address: \_\_\_\_\_ Secretary/Treasure 54 Laus Mo 63146 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application) 14. \_\_\_\_\_

## State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LASERSIGHT CENTERS INCORPORATED" 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-FOURTH DAY OF
SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

E de

Edward J. Freel, Secretary of State

8300 AUTHENTICATION:

9318846

DATE:

09-24-98

2139217 8300

981369730