

Document Number Only

F990000000926

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

100002778401--5

-02/17/99--01058--023

*****70.00 *****70.00

Coordinated Vision Care Inc

99 FEB 17 PM 3:04

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DIVISION OF CORPORATIONS

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☐ Limited Liability Partnership

☐ UCC-1 UCC-3

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Thanks, Melanie ☺

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DIVISION OF CORPORATIONS

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CR2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. COORDINATED VISION CARE 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. 31-1603051

(FEI number, if applicable)

4. 6/12/98

(Date of incorporation)

5. Perpetual

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

6. Anticipated 7/1/99

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.))

7. 9900 Carver Road, Ste. 200, Cincinnati, Ohio 45242

(Current mailing address)

8. Provide managed vision care 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: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

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10. Registered agent 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 obligation of my position as registered agent.

Connie Bryan
(Registered agent's signature)

Connie Bryan, Special Asst. Secretary

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: Joel Ehrenpreis

Address: 9900 Carver Rd., Suite 200, Cincinnati, OH 45242

Vice Chairman: David Sobkowiak, O.D.

Address: 9900 Carver Rd., Suite 200, Cincinnati, OH 45242

Director: See attached addendum

Address: _____

Director: _____

Address: _____

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

President: Joel Ehrenpreis

Address: 9900 Carver Road, Suite 200, Cincinnati, Ohio 45202

Vice President: David Sobkowiak

Address: 9900 Carver Road, Suite 200, Cincinnati, Ohio 45202

Secretary: David Sobkowiak

Address: 9900 Carver Road, Suite 200, Cincinnati, Ohio 45202

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. Joel B. Ehrenpreis, President/CEO
(Typed or printed name and capacity of person signing application)

Addendum

1. Director Name: Ron Colby
P.O. Box 1459
RT# MN008-E211
Minneapolis, MN 55440-1459 . . . Only known address

Director Name: Bernard McDonagh
MN008-T125
P.O. Box 1459
Minneapolis, MN 55440-1459 . . . Only known address

Director Name: Kenneth Hoverman
10560 Ashview Place
Suite 205
Cincinnati, OH 45242

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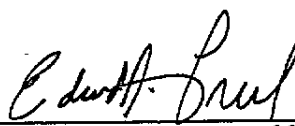
State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COORDINATED VISION CARE, 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 FIRST DAY OF FEBRUARY, A.D. 1999.

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




Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

9551998

02-01-99

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