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() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
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(x) Certified Copy	() Photocopies	() CUS	COS 55 15
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Name Availability	8/15/02	Order#: 5536369	
Document Examiner Updater		Ref#:	-
Verifier W P Verifier		Amount: \$	

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****155.00 ****155.00

Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of foreig	n limited liability company)	
Delaware	314-1841520	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	e)
8/9/02	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability compensions or "perpetual")	any will cease to
Upon Filing		
	See sections 608.501, 608.502, and 817.155, F	.S.)
1510 North Westshore Boulevard, Tampa, Florida 33607		 i
		
		T S
(Street addre	ess of principal office)	- 235°
If limited liability company is a manager-manage	ed company, check here	第三 の
The usual business addresses of the managing me	embers or managers are as follows:	
5280 Solar Drive, Suite 300		34 ATE ATE
Mississauga, Ontario, Canada		-1-
L4W 5M8		
	4.4	
Attached is an original certificate of existence, no more than!	90 days old, duly authenticated by the official ha	ving custody of records:
jurisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be so	opy is not acceptable. If the certificate is in a for ibmitted \	eign language, a
	Dillicer,	
. Nature of business or purposes to be conducted	or promoted in Florida: eye surgery and	other
anhthalmala aig maranta and	· · · · · · · · · · · · · · · · · · ·	
ophthalmologic management services		<u> </u>
Krill out		
Signature of member or an a	authorized representative of a member.	
(In according a roll of the contract	TO the same of the	
an affirmation under the new life of the	F.S., the execution of this document constitutes erjury that the facts stated herein are true.)	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
TLC Florida Eye Laser Center, UC			
2. The name and the Florida street address of the registered agent and office are:			
C T Corporation System			
(Name)			
c/o C T Corporation System, 1200 South Pine Island Road			
Florida street address (P.O. Box NOT ACCEPTABLE)			
Plantation FL 33324 City/State/Zip			
Carry State Inp			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

Lobe Laux
(Signature)

Robin LaPeters Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLC FLORIDA EYE LASER CENTER, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 2002.

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



Warriet Smith Windson Secretary of State

3557077 8300

AUTHENTICATION: 1933053

020511431 -- DATE: 08-13-02

ct CORPORATION CONTROL OF CONTROL

CORPORATION(S) NAME	FOR UC	8/15	CC
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/*\	() Reinstatement		VIC
() Limited Partnership	() Annual Report	() Other	25/2
(x) LLC	() Name Registration	() Change of RA	A CONTROP
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(x) Certified Copy	() Photocopies	() CUS	8 5 6
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Name .	8/15/02	Order#: 5536369)
Availability			
Document		,	
Examiner		Ref#:	_
Updater			
Verifier			•
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	(Name of foreign limited liab	ility company)		_
2. Del	elaware 3, 1	4-1841520		
(Juri com	risdiction under the law of which foreign limited liability mpany is organized)	(FEI number, if applicable	e)	 .
4.	8 9 0 2 5 Perpetu	al		
	(Date of Organization) (Durat exist o	tion: Year limited liability compa or "perpetual")	any will cease to	
6. <u>U</u> p	Jpon Filing			
	(Date first transacted business in Florida. (See sections 60	08.501, 608.502, and 817.155, F	.S.)	
7. <u>15</u>	510 North Westshore Boulevard, Tampa, Florida 33607		₹ •	
			92 AU	-
	(Street address of principa	l office)	37: 37	- 11
8. If I	f limited liability company is a manager-managed company	, check here x	SSEE AM	T IT
9. Th	he usual business addresses of the managing members or n	nanagers are as follows:		J
52	5280 Solar Drive, Suite 300		34 46	
M	Mississauga, Ontario, Canada			_
<u>L4</u>	L4W 5M8		<u></u>	
****			· .	<u>.</u> :
the juris	attached is an original certificate of existence, no more than 90 days old, di risdiction under the law of which it is organized. (A photocopy is not acce ation of the certificate under eath of the translator must be submitted.)	uly authenticated by the official ha eptable. If the certificate is in a for	ving custody of re eign language, a	cords in
11. N	Nature of business or purposes to be conducted or promote	d in Florida: eye surgery and	other	<u> </u>
oph	ohthalmologic management services			
	Bill Tours			<u>-</u>
	Signature of a metroer or an authorized r (In accordance with section 608.408(3), F.S., the executan an affirmation under the penalties of perjury that the first	ution of this document constitutes	- ·	2
	Bill Leonard, Senior Vice President and General			
	Typed or printed name of	signee	-	

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