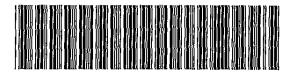
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BURR & FORMAN LLP

ATTORNEYS AND COUNSELORS

Ellen C. Prescott Direct Dial: (205) 458-5115 Direct Fax: (205) 714-6874 Email: eprescot@burr.com 420 North Twentieth Street, Suite 3100 Birmingham, Alabama 35203-5206 (205) 251-3000 (205) 458-5100 (Fax)

December 16, 2003

Via Federal Express

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Eye Care Practice Management, LLC

Dear Sir/Madam:

Enclosed is the original of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with attached Certificate of Existence as issued by the Alabama Secretary of State for the above-referenced entity. Also enclosed is a check in the amount of \$155.00 representing the Application filing fee, Designation of Registered Agent, a Certificate of Status and a certified copy of the filing.

Please file the Application and return to this office evidence of filing, along with the Status Certificate and certified copy. A return envelope is provided for your convenience.

Feel free to call me (1-800/438-2877) if you have any questions or need any additional information regarding the enclosed.

Yours truly.

Ellen C. Prescott Legal Assistant

Enclosures

cc: Howard G. Bogard, Esq.

March Length Conson Stranger

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:

Eye Care Practice Management, LLC		
(Name o	of foreign limited liability company)	
Alabama (Jurisdiction under the law of which foreign limited company is organized)	Illability 3. Applied F	or Oper, if applicable)
December 3, 2003 (Date of Organization)	5. Perpetual (Duration: Year limited exist or	I liability company will cease 16 "perpetual")
Upon registration (Date first transacted business in Fl	orida. (See sections 608.501, 608.502,	and 817.155, F.S.)
2800 Ross Clark Circle		
Dothan, AL 36301-2017		
(Str	eet address of principal office)	
If limited liability company is a manager-	managed company, check here [
The name and usual business addresses of G. Thomas Brown	f the managing members or man	agers are as follows:
2800 Ross Clark Circle		
Dothan, AL 36301-2017		
Attached is an original certificate of existence, no rethe jurisdiction under the law of which it is organize translation of the certificate under eath of the translation.	ed. (A photocopy is not acceptable. If the	
. Nature of business or purposes to be cor	nducted or promoted in Florida:	To provide equipment
facilities & administrative & financial	support services to physician	and optometry practices
Lina	52	
(In accordance with section 6	or or an authorized representative 608.408(3), F.S., the execution of this docu alties of perjury that the facts stated herein	ment constitutes
	G. Thomas Brown	
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.

STATE OF FLORIDA.	Office AND	AOLIVI IIV	11115
1. The name of the Limited Liability Company is:			

2. The name and the Florida street address of the registered agent and office are:

G. Thomas Brown		· / / 2
(Name)		是 图 也
c/o Eye Center South, 826 Harrison Avenue		藝二后
Florida street address (P.O. Box NOT ACCEPTABLE)		- SEG 2 O
Panama City	FL 32401	7. FLORE
	(City/State/Zip)	925

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.

(Signature)

Eye Care Practice Management, LLC

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Eye Care Practice Management, LLC organized in the office of the Judge of Probate of Houston County on December 3, 2003. I further certify that the records do not disclose that said Eye Care Practice Management, LLC has been dissolved.





In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 15, 2003

Date

Nancy L. Worley

Secretary of State