1900000 1061 THE UNITED STATES

ACCOUNT NO. : 07210000032

REFERENCE :

301923

4729406

AUTHORIZATION

ORDER TIME : 9:31 AM

ORDER DATE: July 9, 1999

ORDER NO. : 301923-020

CUSTOMER NO: 4729406

500002928125--5

CUSTOMER: Dawn Leporati, Esq

Sherman & Howard

Suite 3000 633 17th St.

Denver, CO 80202

FOREIGN FILINGS

NAME:

CLEARVISION LASER CENTERS -

SOUTHEAST, LLC

XXXX QUALIFICATION (TYPE: LL)

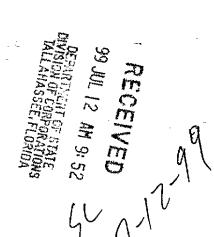
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar



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:

ClearVision Laser Centers - Southeast, LLC

contained in the name at present.) Colorado	3.	84-1439088	
risdiction under the law of which foreign limpany is organized)		(FEI number, if applicable)	le)
December 18, 1997	5	12/31/2005	
(Date of Organization)		(Duration: Year limited liability comexist or "perpetual")	npany will cease to
March 22, 1999		<u> </u>	<u> </u>
·		ons 608.501, 608.502, and 817.155, F.	S.)
215 Union Boulevard, 5th Floo	r, Lakewood,	CO 80228	
	(0)	T. CC.	······································
	(Street address of pr	incipal office)	
t name title and business address	of each managi	ng member[MGRM] or manag	ger[MGR]who
t name, title, and business address of	of each managi	ng member[MGRM] or manag Florida: (attach additional page	ger[MGR]who e if necessary)
t name, title, and business address of manage the foreign limited liabilit	of each managi cy company in l	ng member[MGRM] or manag Florida: (attach additional page	ger[MGR]who e if necessary)
t name, title, and business address of manage the foreign limited liabilit NAME & ADDRESS:	of each managi y company in I	ng member[MGRM] or manag Florida: (attach additional page NAME & ADDRESS:	ger[MGR]who if necessary) TITLE:
l manage the foreign limited liabilit NAME & ADDRESS:	y company in I	Florida: (attach additional page	e if necessary)
I manage the foreign limited liabilit NAME & ADDRESS: ClearVision Laser Cente	y company in I	Florida: (attach additional page	e if necessary)
NAME & ADDRESS: ClearVision Laser Cente	TITLE: Manager	Florida: (attach additional page	e if necessary) TITLE:
I manage the foreign limited liabilit NAME & ADDRESS: ClearVision Laser Cente	TITLE: Manager	Florida: (attach additional page	e if necessary)
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	e if necessary) TITLE:
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	TITLE: 99 JUL F
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	TITLE: 99 JUL F
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY I ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE
NAME & ADDRESS: ClearVision Laser Cente Inc. 215 Union Blvd., 5th F1	TITLE: Manager	Florida: (attach additional page	FILE: 99 JUL 12 SECRETARY 1 ALLAHASSE

having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate in in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of ClearVision	Laser
Centers - Southeast, LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 1,000;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 1,000 .
Signature of a member or an authorized representative of a member	
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
ClearVision Laser Center, Inc., Member/Manager	
By: Typed or printed name of signee	
Typod of printed hame of signee	••

Filing Fee: \$250.00 for Application and Affidavit

99 JUL 12 AM IO: 30
SLORETAIN OF STAFE
TAIL AMASSEE, FLORIDA

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:				
ClearVision Laser C	enters - Southeast, LLC			
2. The name and the Flo	rida street address of the registered agent and office are:		· · · 	
CO	RPORATION SERVICE COMPANY (Name)	·	Lorr of E. Great	
12	01 HAYS STREET Florida street address (P.O. Box NOT ACCEPTABLE)			
TA	LLAHASSEE, FLORIDA 32301 City/State/Zip	-	::#	

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.

By: fatria More Asst Secry
(Signature)

Filing Fee: \$35 for Designation of Registered Agent

99 JUL 12 AM 10: 30
SECRETARY OF STATE
TALL AREASSEE FLORIDA



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

CLEARVISION LASER CENTERS - SOUTHEAST, LLC (COLORADO LIMITED LIABILITY COMPANY)

FILE # 19971203954 WAS FILED IN THIS OFFICE ON December 18, 1997 AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: July 06, 1999

SECRETARY OF STATE