

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 May 4 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001087**

1. Corporation Name
EYECARE PROVIDERS OF FLORIDA, INC.

W09-10363

Principal Place of Business Mailing Address
13455 NOEL ROAD SUITE 2000 DALLAS TX 75240



REINSTATEMENT *07-99*

If above addresses are incorrect in any way, Enc through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/27/1994**

5. FEI Number **75-2520877**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	STRAUSS, STEVEN C. JOHN M. FRANCK II	13455 NOEL ROAD, 20TH FLOOR ONE PARK PLAZA	DALLAS TX NASHVILLE TN 37203
SD D	YAGER, JACK O. D. R. MILTON JOHNSON	214 E. MARKS STREET ONE PARK PLAZA	ORLANDO FL NASHVILLE TN 37203
TD D	ANDERSON, BRUCE O. D. A. BRUCE MOORE	11210 N. DALE MABRY HWY. ONE PARK PLAZA	TAMPA FL NASHVILLE TN 37203
D	COFFMAN, THOMAS	2889 TENTH AVENUE, N. STE 304	LAKE WORTH FL
D	SAPP, JEFF	88 WEST KALEY STREET	ORLANDO FL
D	LEACH, DAVID M.D.	4302 NORTH GOMEZ	TAMPA FL

8. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

000002903690--2
-06/14/99--01016--012
******350626 ZIP Code 35062**
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Deborah D. Skipper*
REGISTRATION AGENT MUST SIGN
Deborah D. Skipper
Asst. Secretary
Date **6-8-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN M. FRANCK II

4-27-99
Date
4-
Ebayline Phone #

CR2E040 (8/97)