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OO APR -5 PM 12: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SUBJECT: FAMII	LY EYE CENTER OF SO (Proposed corpor	OUTHWEST FLORIDA rate name - must include su	offix)		
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a	check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM: Valerie Crandall, M.D. Name (Printed or typed)					
	3900 Broadway, S	uite 14 ddress	<u> </u>	:	
	Fort Myers, Flor City, S	ida 33901 tate & Zip	Candal	GAVE	
Daytime Telephone number CORTER BY PHONE TO					
		DOC. etc	QH 4/5/	00	

NOTE: Please provide the original and one copy of the articles.

cles.
W-7245 4 5/02



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 23, 2000

VALERIE CRANDALL, M.D. 3900 BROADWAY, SUITE 14 FT MYERS, FL 33901

SUBJECT: FAMILY EYE CENTER OF SOUTHWEST FLORIDA, PA

Ref. Number: W00000007748

We have received your document for FAMILY EYE CENTER OF SOUTHWEST FLORIDA, PA and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 700A00016082

VALERIE CRANDALL, M.D.

OPHTHALMOLOGY

3900 Broadway, Suite 14, Fort Myers, Florida, 33901 (941) 939-5259

Wednesday, March 29, 2000

Pamela Hall
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Letter # 700A00016082

Dear Ms. Hall.

In accordance with your letter of March 23, 2000, Articles III & V are expanded on page one of our document. Enclosed are the revised original and one copy of our incorporation documents, along with a copy of your letter.

Sincerely,

Valerie Crandall, M.D.

Enclosures

FILED

ARTICLES OF INCORPORATION OF FAMILY EYE CENTER OF SOUTHWEST FLORIDA, PA

00 APR -5 PM 12: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

These Articles of Incorporation are executed by the undersigned for the purpose of forming a corporation pursuant to the Professional Service Corporation Act, as particularly set forth in Chapter 621 of the Florida Statutes.

ARTICLE I. NAME

The name of this corporation shall be FAMILY EYE CENTER OF SOUTHWEST FLORIDA, PA

ARTICLE II. DURATION

The corporation shall commence upon the filing of these Articles of Incorporation, and shall have perpetual existence thereafter.

ARTICLE III. PURPOSE

The purpose of the corporation is the practice of Medicine in accordance with Chapters 458 and 459, Optometry as defined in Chapter 463 and Optical Devices and Services described in Chapter 484. This corporation will engage in medical diagnoses and treatment, public education on health matters, vision care, and related medical and health issues. The intent is to increase the availability of medical care to the public and develop innovative medical and vision services.

ARTICLE IV. CAPITAL STRUCTURE

The aggregate number of shares of capital stock which this corporation shall have authority to issue shall be ten thousand (10,000) shares of common stock, all of the same class and each having a par value of One Dollar (\$1.00).

ARTICLE V. INITIAL REGISTERED AGENT & OFFICE

The name of the initial registered agent of the corporation at its initial registered office, and the street address of its initial registered office, are as follows:

NAME OF REGISTERED AGENT	REGISTERED AGENT ADDRESS		
Jerry Jackson	2160 Tree Haven Circle Fort Myers, Florida 33907		
NAME OF INCORPORATOR	INITIAL PRINCIPAL OFFICE		
Valerie Crandall, M.D.	3900 Broadway, Suite 14 Fort Myers, Florida 33901		

ARTICLE VL DIRECTORS

The business and the affairs of this corporation shall be managed by a Board of directors, which shall be elected by the shareholders and serve as provided in the Bylaws. The number of the members of the Board of Directors may either be increased or decreased from time to time by the Bylaws, but shall never be less than one (1). The corporation shall have two (2) Directors initially, and the name and address of the initial Directors are as follows:

NAME

ADDRESS

Valerie Crandall, M.D.

3900 Broadway, Suite 14 Fort Myers, Florida 33901

Laura Zontelli, O.D.

3900 Broadway, Suite 14 Fort Myers, Florida 33901

ARTICLE VIL PREEMPTIVE RIGHTS

Every shareholder, upon the issuance by the corporation of authorized, but unissued shares of stock of the corporation (other than the original issue of shares of stock to subscribers) or upon the issuance by the corporation of treasury stock, shall have the right to purchase a prorata share thereof, as nearly as may be done without issuance of fractional shares, at the price at which it is issued to others.

ARTICLE VIIL BYLAWS

The power to adopt, alter, amend, or repeal bylaws shall be vested in both the Board of Directors and the shareholders. Bylaws adopted, altered, amended, or repealed by the shareholders of the corporation may not be repealed, altered, amended or readopted by the Board of Directors if the shareholders so provide.

ARTICLE X. INCORPORATORS

The name and the address of the person signing these articles of Incorporation are as follows:

NAME

ADDRESS

Valerie Crandall, M.D.

3900 Broadway, Suite 14 Fort Myers, Florida 33901

IN WITNESS WHEREOF, the person executing these Articles of Incorporation has caused her hand to be set this 13th day of March 2000.

Valerie Crandall, M.D.

FILED

00 APR -5 PM 12: 18

STATE OF FLORIDA COUNTY OF LEE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Before me personally appeared Valerie Crandall, M.D. known to me to be the individual described in and who executed the foregoing, and acknowledged before me that she executed the same for the purposes wherein expressed.

WITNESS my hand and official seal in the County and State named above this 13th day of March 2000.

Darlene F Welch
My Commission CC633397
Expires April 20, 2001

Notary Public

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named to accept service of process for this corporation, at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity and to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office.

Rv.

Jerry Jackson Registered Agent