

PD00000081245

TRANSMITTAL LETTER

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

SUBJECT: Master Eye Associates Inc. P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003367882--0
-08/22/00--01077--008
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

Michael Ferguson GAVE AUTHORIZATION BY PHONE TO
CORRECT # of Shares _____
DATE 08-28-00

EXAM J. Buzza FROM: Dr. Michael T Ferguson 00
Name (Printed or typed)

2146 E COVE Blvd
Address

Panama City FL 32405
City, State & Zip

850 769-4040
Daytime Telephone number

00 AUG 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Master Eye associates Inc P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2146 COVE BLVD
Panama city FI 32405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Eye Care Services & Sale of
Contact lenses.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Dr. Michael T Ferguson
128 Palm Harbour Blvd
Panama city FI 32408

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michael T Ferguson
128 Palm Harbour Blvd
Panama city Beh FI 32408

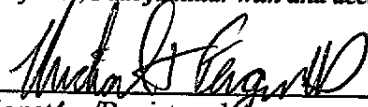
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Michael T Ferguson
128 Palm Harbour Blvd
Panama city Beh FI 32408

(Effective Date)
9/1/2000


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-17-00

Date



Signature/Incorporator

8-17-00

Date

FILED
00 AUG 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA