

Charter Number Only

P0100008550

VALID
ONLY

Customer's Name
Address
City State ZIP Phone

CORPORATION(S) NAME

700004577407-5
-09/10/01--01034--013
*****78.75 *****78.75

Sherman Laser Vision Center, Inc.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 SEP 10 AM 9:42
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 10 AM 11:36
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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

SHERMAN LASER VISION CENTER, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SHERMAN LASER VISION CENTER, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ROBERT M. SHERMAN, M.D.		
ADDRESS	3909 NE 163rd St.		
CITY	North Miami Beach	FLORIDA	ZIP33160

The principal office, if known, or the mailing address of the corporation is:

NAME	SHERMAN LASER VISION CENTER, INC.		
ADDRESS	3909 NE 163rd St.		
CITY	North Miami Beach	FLORIDA	ZIP33160

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TALLAHASSEE FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

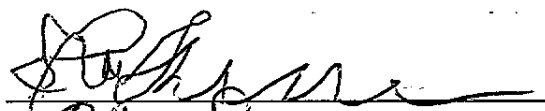
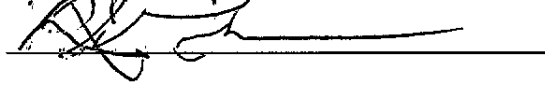
NAME	ROBERT SHERMAN		
ADDRESS	1008 N.E. 94th St.		
CITY	MIAMI SHORES	STATE	FL ZIP 33138
NAME	STACY SHERMAN		
ADDRESS	1008 N.E. 94th St.		
CITY	MIAMI SHORES	STATE	FL ZIP 33138
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERT SHERMAN		
ADDRESS	1008 N.E. 94th St.		
CITY	MIAMI SHORES	STATE	FL ZIP 33138
NAME	STACY SHERMAN		
ADDRESS	1008 N.E. 94th St.		
CITY	MIAMI SHORES	STATE	FL ZIP 33138
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7th day of August, 2001.

 (Seal)
 (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

SHERMAN LASER VISION CENTER, INC.
(name of corporation)

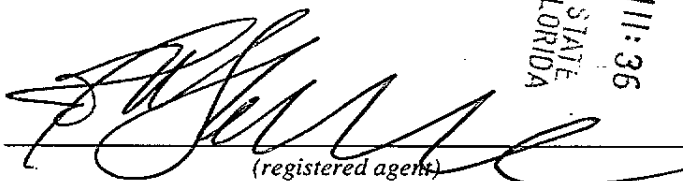
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 3909 NE 163rd St.
North Miami Beach, Fl. 33160

has named ROBERT SHERMAN
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.


(registered agent)

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TALLAHASSEE FLORIDA