

PO2000058881

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

300005621289--8  
-05/28/02--01050--014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: PROFESSIONAL OPTOMETRIC PHYSICIAN SERVICES, INCORPORATED  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: DR. STACEY A. WENGER  
Name (Printed or typed)

1997 LEXINGTON PLACE  
Address

TARPON SPRINGS FL 34689  
City, State & Zip

727-939-1091  
Daytime Telephone number

2002 MAY 28 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

05-29-02

# 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:

PROFESSIONAL OPTOMETRIC PHYSICIAN SERVICES, INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1997 LEXINGTON PLACE, TARPON SPRINGS, FL 34689

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPREHENSIVE EYE EXAMS & OPTOMETRIC SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DR. STACEY WENGER, PRESIDENT  
1997 LEXINGTON PLACE  
TARPON SPRINGS FL 34689

JEN WENGER, VP  
SAME ADDRESS

## ARTICLE VI REGISTERED AGENT

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


JEN WENGER  
1997 LEXINGTON PL. TARPON SPRINGS FL 34689

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. STACEY WENGER  
1997 LEXINGTON PLACE TARPON SPRINGS FL 34689

\*\*\*\*\*  
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

9.24.02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9.24.02  
\_\_\_\_\_  
Date

2002 MAY 28 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED