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GEORGE C. PSETAS WILLIAM MOORE, Associate (727) 863-9005 (800) 320-4864 Fax: (727) 868-4858 Email: george.psetas**@**verizon.net

July 3, 2002

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

RE: COASTAL EYE CARE, INC.

Dear Sir/Madam:

Enclosed herewith are the Articles of Incorporation for the corporation above referenced. Also enclosed is a check in the amount of \$78.75 which represents your filing fee. Please send a certified copy to our office.

Please feel free to contact my office with any questions.

Sincerely,

GEORGE°C. PSETAS

SIGNED IN ATTORNEY'S ABSENCE TO AVOID DELAY

/grt Enclosures

FILED

ARTICLES OF INCORPORATION OF

03 AUG 28 PM 3: 55

COASTAL EYE CARE, INC.

SECRETARY OF STATE TALL AHASSEE FLORIDA

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby file for record the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation shall be: COASTAL EYE CARE, INC.

The principal place of business of this corporation shall be:

11031 U.S. Highway 19, Suite 106, Port Richey, Pasco County, Florida 34668

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be:

11031 U.S. Highway 19, Suite 106, Port Richey, Florida 34668

The initial registered agent of the corporation is JAMES T. PIZZA.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

ARTICLE VII. SPECIAL PROVISIONS

It is the intent of the incorporation that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

ARTICLE VIII. DIRECTORS

The requirement for directors of the corporation shall be dispensed with and all powers and duties otherwise conferred upon corporate directors shall be performed and exercised by the president of the corporation.

ARTICLE IX. OFFICERS

The names and addresses of the initial officers of the corporation shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President: James T. Pizza-10508 Tecoma Dr., Trinity, FL 34655 Sec./Treas.: James T. Pizza-10508 Tecoma Dr., Trinity, FL 34655

ARTICLE X. INCORPORATORS

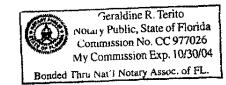
The name and street address of the incorporator to these Articles of Incorporation is:

James T. Pizza-10508 Tecoma Dr., Trinity, FL 34655

STATE OF FLORIDA COUNTY OF PASCO

The foregoing instrument was acknowledged before me this day of August, 2003 by JAMES T. PIZZA.

My Commission Expires:



FILED

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

03 AUG 28 PM 3:55

SECRETARY OF STATE TALLAHASSEE FLORIDA

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

COASTAL EYE CARE, INC.

2. The name and address of the registered agent is:

James T. Pizza 11031 U.S. Highway 19, Suite 106 Port Richey, FL 34668

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

SIGNATURE: 820.03