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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Voluntary Dissolution
DOCUMENT NUMBER: P06000126413
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Iannarelli
(Name of Contact Person)
Focal Point Eyecare P.A. (Firm/Company)
(Firm/Company)
496 Palm Ave (Address)
(Address)
Ormond Bch, FL 32174 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jason Tanarelli at (386) 679-6741 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, \$\cup \\$52.50 Filing Fee, \$\cup \\$60 Certificate of Status &
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Focal Point Eyecare P.A. The document number of the corporation (if known): P06000/26 4/3 SECOND: The file date of the articles of incorporation: THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distribut SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature: rector, president or other officer - if directors or officers have not been selected, by an incorporator - if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)

Filing Fee: \$35