

P07000045029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

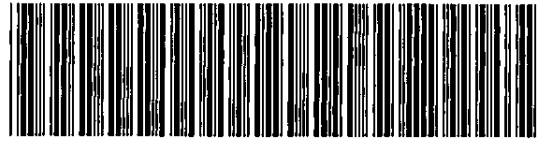
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/14/07--01017--015 **78.75

FILED
07 APR 10 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MIDTOWN EYE CARE, P.A.
(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: BRADLEY A. FELTZER, O.D.
Name (Printed or typed)

685 NE 54TH STREET
Address

MVM1, FL 33137
City, State & Zip

305-962-1735
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2007

BRADLEY A. PELTZER, OD
685 NE 59TH STREET
MIAMI, FL 33137

SUBJECT: MIDTOWN EYE CARE, P.A.
Ref. Number: W07000014624

We have received your document for MIDTOWN EYE CARE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 407A00020389

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:

MIDTOWN EYE CARE, P.A.

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07 APR 10 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3601 FEDERAL HIGHWAY
SUITE 134
MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE EYE CARE AND OPTICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BRADLEY A. PELTZER, O.D., PRESIDENT 685 NE 59TH ST
MIAMI, FL 33137
KERI M. POMELLA, O.D., VICE PRESIDENT 3552 MAGELON CIRCLE
#124
AVENTURA, FL 33180

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

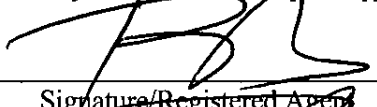
~~OR SANCAS~~ BRADLEY A. PELTZER, OD
685 NE 59TH ST
MIAMI, FL 33137

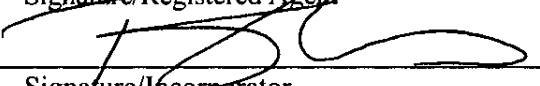
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRADLEY A. PELTZER, OD
685 NE 59TH ST
MIAMI, FL 33137

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


Signature/Incorporator

3/12/7 4/3/7 ~~7/2~~

Date
3/12/7 4/3/7 ~~7/2~~

Date