

P090000017704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Denise Lawson GAVE

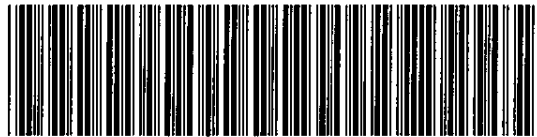
AUTHORIZATION BY PHONE TO

CORRECT Art 1

DATE 2/25/2009

ACC. EXAM. Bm

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09 FEB 24 PM 2:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W09-5238

## COVER LETTER

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

SUBJECT: 3 D Vision Eye Surgery Center  
(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: Allen Jackson MD  
Name (Printed or typed)

2800 N. Atlantic Ave. # 216  
Address

Daytona Beach, Florida 32118  
City, State & Zip

407-590-3333  
Daytime Telephone number

*Denise Lawson*  
*386-492-7055*

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2009

ALLEN JACKSON ME  
2800 N ATLANTIC AVE #216  
DAYTONA BEACH, FL 32118

SUBJECT: 3 D VISON EYE SURGERY CENTER  
Ref. Number: W09000005238

We have received your document for 3 D VISON EYE SURGERY CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00003818

## 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:

**3 D Vision Eye Surgery Center PA**

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

**2800 N. Atlantic Ave #216  
Daytona Beach, Florida 32118**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Medical Service to provide Ophthalmic care**

### 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):

**Allen Jackson MD. , President**

**2800 N. Atlantic Ave. #216 Daytona Beach, Florida 32118**

### ARTICLE VI REGISTERED AGENT

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

**Allen Jackson MD**

**2800 N. Atlantic Ave. #216 Daytona Beach, Florida 32118**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Allen Jackson MD**

**2800 N. Atlantic Ave. #216 Daytona Beach, Florida 32118**

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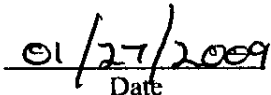
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

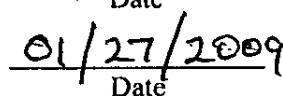


Signature/Registered Agent



Signature/Incorporator

  
Date

  
Date

FILED  
09 FEB 24 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA