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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RMMORSECPA@AOL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SIGHTTRUST EYE INSTITUTE, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF
SIGHTTRUST EYE INSTITUTE, P.A.**

ARTICLE I

NAME

The name of this Corporation shall be:

SIGHTTRUST EYE INSTITUTE, P.A.

ARTICLE II

PURPOSE

This Corporation is organized for the purpose of **OPHTHALMOLOGY/
SURGICAL PROCEDURES** and transacting any and all lawful business.

ARTICLE III

CAPITAL STOCK

Corporation is authorized to issue 1000 shares of \$ 1 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this Corporation is:

**1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323**

and the name of the initial registered agent of this Corporation
at the above address is:

CORY M. LESSNER

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ARTICLE V

DIRECTORS

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial director of this Corporation is:

**CORY M. LESSNER
401 FAN PALM WAY
PLANTATION, FL 33324**

ARTICLE VI

INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

**CORY M. LESSNER
401 FAN PALM WAY
PLANTATION, FL 33324**

ARTICLE VII

INDEMNIFICATION

The Corporation shall indemnify any office or director or former director to the full extent permitted by law.

ARTICLE VIII

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on this 27th day of April, 2010.



State of Florida
County of Broward

I hereby certify that on this 27th day of April, 2010, **CORY M. LESSNER** appeared before me, the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.


Notary Public

Seal:



RICK M. MORSE
MY COMMISSION # DD 826740
EXPIRES: November 8, 2012
Bonded Third Budget Notary Services

CERTIFICATE DESIGNATION

**PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA.**

NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

SIGHTTRUST EYE INSTITUTE, P.A.

desiring to organize or qualify under the laws of the State of Florida,

with its principal place of business in the city of **SUNRISE**

has named **CORY M. LESSNER**

located at **1601 SAWGRASS CORPORATE PARKWAY,
SUNRISE, FL 33323**

as its agent to accept service of process within Florida.

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Corporate officer x 

Title President

Date x 4/27/10

Having been named to accept service of process for the above stated
Corporation, at the place designated in this certificate, I hereby agree to act in
this capacity, and I further agree to comply with the provisions of all statutes
relative to the proper and complete performance of my duties

Corporate officer x 

Date x 4/27/10