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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/18/12

111-58324



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 061439 7804544

AUTHORIZATION :

COST LIMIT : \$ 0.00\*\*\*\*PRE-PAID, SEE REJECTION  
LETTER\*\*\*\*\*

ORDER DATE : January 16, 2012

ORDER TIME : 9:11 AM

ORDER NO. : 061439-005

CUSTOMER NO: 7804544

DOMESTIC FILING

NAME: MEDICAL EYE ASSOCIATES OF  
TAMPA, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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12 JAN 17 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 17, 2011

LCA-VISION, INC.  
7840 MONTGOMERY ROAD  
CINCINNATI, OH 45236

SUBJECT: MEDICAL EYE ASSOCIATES OF TAMPA, P.A.  
Ref. Number: W11000058376

We have received your document for MEDICAL EYE ASSOCIATES OF TAMPA, P.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Upon receipt only the cover sheet and check were enclosed. Please complete the enclosed form and submit for filing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 911A00026080

**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: Medical Eye Associates of Tampa, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2202 North West Shore Blvd.  
Suite 100  
Tampa, Florida 33607

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To render professional medical services and to engage in any and all lawful business for which a professional association may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|   |  |
|---|--|
| Name and Title: <u>Dr. Ana-Maria Oliva, Owner/President</u> | Name and Title: <u>Amy Kappen, Assistant Treasurer</u> |
| Address: <u>403 Vonderburg Drive</u>                        | Address: <u>7840 Montgomery Road</u>                   |
| <u>Suite 101</u>  | <u>Cincinnati, Ohio 45236</u>                          |
| <u>Brandon, Florida 33511</u>                               |  |

|   |                       |
|---|-----------------------|
| Name and Title: <u>Michael J. Celebrezze, Treasurer</u> | Name and Title: _____ |
| Address: <u>7840 Montgomery Road</u>                    | Address: _____        |
| <u>Cincinnati, Ohio 45236</u>                           | _____                 |
| _____   | _____                 |

|  |                       |
|--|-----------------------|
| Name and Title: <u>Donn Kremmel, Secretary</u> | Name and Title: _____ |
| Address: <u>7840 Montgomery Road</u>           | Address: _____        |
| <u>Cincinnati, Ohio 45236</u>                  | _____                 |
| _____  | _____                 |

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Ana-Maria Oliva  
Address: 403 Vonderburg Drive Suite 101  
Brandon, Florida 33511

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

Stephanie Milnes Asst. V.P.  
Required Signature/Registered Agent

1/16/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

1/12/12  
Date