

**P12000055353**Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

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**Email Address:** \_\_\_\_\_

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

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Coral Springs, FL 33067  
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e-mail: Rmmorsecpa@aol.com

## Fax Transmission Cover Sheet

Number Faxed To: (850) 558-1515 Date: 06/19/2012

To: Kimberly Moret From: Trudy Shore.

Company: CSC Tel:

Regarding: Sighttrust Eye Institute Surgery Center, P.A.

☐ Urgent ☒ Response Required ☐ For Your Review ☐ Please Comment

Number of Pages Faxed - Including cover sheet: 5

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

**ARTICLE I**

**NAME**

The name of this Corporation shall be:

**SIGHTTRUST EYE INSTITUTE SURGERY CENTER, P.A.**

**ARTICLE II**

**PURPOSE**

This Corporation is organized for the purpose of **CATARACT SURGICAL  
CENTER** 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, SUITE #430  
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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STATE OF FLORIDA  
DIVISION OF CORPORATE  
REGISTRATION

**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.

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5788  
DIVISION OF CORPORATIONS

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 SURGERY CENTER, 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, SUITE #430**  
**SUNRISE, FL 33323**

as its agent to accept service of process within Florida.

Corporate officer Cory Lessner

Title President

Date 6/19/12

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 Cory Lessner

Date 6/19/12

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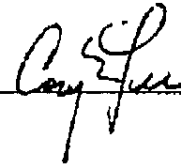
CLERK OF COURT  
DIVISION OF CLERK OF COURT

**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 19<sup>th</sup> day of June, 2012.

x 

State of Florida  
County of Broward

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

I hereby certify that on this 19<sup>th</sup> day of June, 2012,  
**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 Time Budget Notary Services