

P/2000075855

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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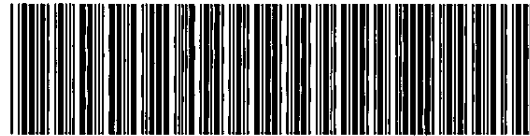
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/12

COVER LETTER

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

SUBJECT: Medical Eye Associates of Orlando , 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: Mary A. Brice

Name (Printed or typed)

7840 Montgomery Road

Address

Cincinnati, OH 45236

City, State & Zip

(513) 354-5808

Daytime Telephone number

mbrice@lca.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Medical Eye Associates of Orlando, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
155 Cranes Roost Boulevard
Suite 1060
Altamonte Springs, Florida 32701

Mailing address, if different is:
LCA Vision c/o Mary Brice
7840 Montgomery Road
Cincinnati, Ohio 45236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To render professional medical services and to engage in any 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. Jeffrey Robin, Owner/President</u>	Name and Title: <u>Amy E. Kappen, Asst. Treasurer</u>
Address: <u>155 Cranes Roost Blvd.</u>	Address: <u>7840 Montgomery Rd.</u>
<u>Suite 1060</u>	<u>Cincinnati, OH 45236</u>
<u>Altamonte Springs, Fla. 32701</u>	

Name and Title: <u>Michael J. Celebrezza, Treasurer</u>	Name and Title: _____
Address: <u>7840 Montgomery Rd.</u>	Address: _____
<u>Cincinnati, OH 45236</u>	_____
_____	_____

Name and Title: <u>Donn Krammel, Secretary</u>	Name and Title: _____
Address: <u>7840 Montgomery Rd.</u>	Address: _____
<u>Cincinnati, OH 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. Jeffrey Robin
Address: 155 Cranes Roost Blvd. Suite 1060
Altamonte Springs, Fla. 32701

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, Assistant V.P.
Required Signature/Registered Agent

5/21/2012
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.

Jeffrey Robin, MD
Required Signature/Incorporator

8/22/12
Date

RECEIVED
12 SEP -4 AM 9:16
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE