

1/26/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P21000034675

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H210000346753ABC

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**BMI Practice Acquisition Corp.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Please keep
original filing date
of 1/26/2021

Electronic Filing Menu

Corporate Filing Menu

Help

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: BMI Practice Acquisition Corp.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6091 South Pointe Blvd.

Ft. Myers, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ophthalmic and optometric care

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark L. Quigley, CEO and Treasurer

Name and Title: _____

Address

6091 South Pointe Blvd.

Address: _____

Ft. Myers, FL 33919

Name and Title: Thomas A. Quigley, Director

Name and Title: _____

Address

6091 South Pointe Blvd

Address: _____

Ft. Myers, FL 33919

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Deborah K. Turner
 Address: 10 South Wacker Drive, 10th Floor
 Chicago, Illinois 60606

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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.*

By: C T Corporation System Stephanie Hencz, assistant secretary
Stephanie Hencz
 Required Signature/Registered Agent

1/25/2021

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.817.135, F.S.

Deborah K. Turner
 Required Signature/Incorporator

1/25/2021

Date