

P21000097522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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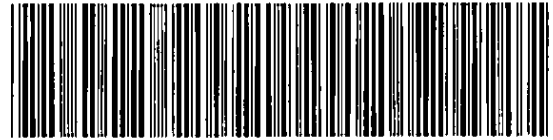
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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INC

1. **EYECARE PHYSICIANS OF FLORIDA, P.A.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: EYECARE PHYSICIANS OF FLORIDA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT SALTSMAN

Name (Printed or typed)

PO BOX 2146

Address

WINTER PARK, FL 32790

City, State & Zip

407-647-2899

Daytime Telephone number

JUDY@SALTSMANPA.COM

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

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

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2021 NOV 17 PM 1:05

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: EYECARE PHYSICIANS OF FLORIDA, P.A.

STATE
FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1911 N. MILLS AVENUE
ORLANDO, FL 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RENDER MEDICAL SERVICES AND IS ORGANIZED
UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND UNDER CHAPTER 607 OF THE
FLORIDA STATUTES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN T. LEHR, M.D. PRES/DIR

Name and Title: _____

Address 1911 N. MILLS AVENUE
ORLANDO, FL 32803

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

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

Name: JOHN T. LEHR
Address: 1911 N. MILLS AVENUE
ORLANDO, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN T. LEHR
Address: 1911 N. MILLS AVENUE
ORLANDO, FL 32803


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.)

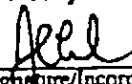
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

11/16/21
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.


Required Signature/Incorporator

11/16/21
Date

2021 NOV 17 PM 1:05
STATE

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