

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2001 CORPORATION REINSTATEMENT
UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P940000 87334

1. Corporation Name
EyeCare Management of Florida, Inc.

2. Principal Office Address
9398-1 Arlington Expressway
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip
32225
Country
USA

3. Mailing Office Address
11406-1 San Jose Blvd
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip
32223
Country
USA

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida
11-28-1994

5. FEI Number
593289969
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$5.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Theodore M. Brink

Street Address (P.O. Box Number is Not Acceptable)
11406-1 San Jose Blvd

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32223

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
THEORED M BRINK

Date
11-2-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DS	Theodore M. Brink	11406-1 San Jose Blvd	Jacksonville FL 32223
P	Robert M. Blum	2778 Cobb Parkway	Atlanta GA 30339
VP	Peter J. Moresi	2778 Cobb Parkway	Atlanta GA 30339

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
THEORED M BRINK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
11-2-01

Daytime Phone #
904-260-3829

202

Eye Care Management, Inc.

PRIMARY CARE OPTOMETRY
2778 COBB PARKWAY
ATLANTA, GA 30339
(770) 859-1668

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I have attached the corporation reinstatement and the 2001 Uniform Business Report for the above named company. Please waive all late fees due to the fact that I did not receive the original form or any late notices pertaining to the report. The above named company has filed all reports on a timely basis in the past years.

I am including a check for \$158.75. This amount includes \$8.75 for a certificate status.

Thank you for your attention in this matter. Please call me at 770-859-1668 if you have any questions or if I can be of further assistance.

Sincerely,

Jean Howard
Accountant