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

SUBJECT: Thompson Eye Care, Inc.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for \$131.25.

FROM:

Sherry Thompson 1076 Lemon Bay Drive Venice, Florida 34293

(813) 484-6108

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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corpora n Act, hereby adopt the following Articles of Incorporation

ARTICLE I

NAME

The name of the Corporation shall be Thompson Eye Care, Inc.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation shall be 1076 Lemon Bay Drive, Venice, Florida 34293

ARTICLE III

SHARES

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is one hundred (100).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sherry Thompson 1076 Lemon Bay Drive Venice, Florida 34293

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Keith M. Thompson 1076 Lemon Bay Drive Venice, Florida 34293

Sherry Thompson 1076 Lemon Bay Drive Venice, Florida 34293 The undersigned incorporators have executed these Articles of Incorporation this 1 day of February 1995.

Signature

Signatura

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the Provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement in designating the registered office/registered Agent, in the state of Florida.

- 1. The name of the Corporation is Thompson Eye Care, Inc.
- 2. The name and address of the registered agent and office is:

Sherry Thompson 1076 Lemon Bay Drive Venice, Florida 34293



Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature