

95000040584

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*Drs. Perry, Perry, and
Associates, Sanford, P.A.*

FILED

95 MAY 23 PM 12:10

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

*W95-10754
dBS/23/95*

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY *[Signature]* _____

WALK-IN 5:00 Ppm
Will Pick Up _____

RECEIVED

95 MAY 22 AM 10:24

DIVISION OF CORPORATION

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U B-	000001495470 -05/22/95 14016-02	
<input type="checkbox"/> Fictitious Name File	***122.50 ***122.50	
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
95 MAY 23 AM 10:43
DIVISION OF CORPORATION

May 22, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: DRS. PERRY, PERRY AND ASSOCIATES, SANFORD, P.A.
Ref. Number: W95000010756

We have received your document for DRS. PERRY, PERRY AND ASSOCIATES, SANFORD, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 095A00026001

**Corrected*

ARTICLES OF INCORPORATION

of

Drs. Perry, Perry, and Associates, Sanford, P.A.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Drs. Perry, Perry, and Associates, Sanford, P.A.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. The specific nature of the business is to practice optometry.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares (1,000) of One --- Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	Drs. Perry, Perry and Associates, Sanford, P.A.		
ADDRESS	9024 Great Heron Circle		
CITY	Orlando	FLORIDA	ZIP 32836

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	Mark E. Perry, O.D.		
ADDRESS	9024 Great Heron Circle		
CITY	Orlando	FLORIDA	ZIP 32836

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Mark E. Perry, O.D.		
ADDRESS	9024 Great Heron Circle		
CITY	Orlando	STATE Florida	ZIP 32836
NAME	Karen Fultz Perry, O.D.		
ADDRESS	9024 Great Heron Circle		
CITY	Orlando	STATE Florida	ZIP 32836
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED

95 MAY 23

PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

Drs. Porry, Porry and Associates, Sanford, P.A.

(name of corporation)

FILED
95 MAY 23 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 9024 Great Heron Circle

Orlando, Florida 32836

has named Mark E. Porry, O.D.

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(registered agent)