

P95000055548

Document Number Only

95 82

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

ESTABLISHED 1975
-00718295-0000-0007
****12150 ****12150

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|---|---|---|
| <input checked="" type="checkbox"/> Profit - <i>1/1</i> | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS/ G/S |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3.00
7-18-85

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FILE STAMPED

**ARTICLES OF INCORPORATION
OF
DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.**

The undersigned Incorporator, for the purpose of forming a professional service corporation under the Florida Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The corporation's name (hereinafter the **Corporation**) is:

DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.

ARTICLE II: PRINCIPAL OFFICE

The initial principal office and mailing address of the **Corporation** shall be:

2441 SW 37th Avenue
Miami, Florida 33145

ARTICLE III: PURPOSE

The purpose of the **Corporation** is to engage in the practice of medicine and, particularly, to conduct an ophthalmic practice.

ARTICLE IV: CAPITAL STOCK

The number of shares of stock that the **Corporation** is authorized to have outstanding at any one time is One Thousand (1,000).

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the Corporation's initial registered agent is:

C T Corporation
1200 South Pine Island Road
Plantation, Florida 33324
(County of Broward)

ARTICLE VI: INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation are:

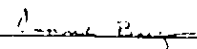
Richard N. Gale
1050 Connecticut Avenue N.W.
Washington, D.C. 20036-5339

The undersigned has executed these Articles of Incorporation this 17 day of July, 1995.


Richard N. Gale

C T Corporation System, having been named as registered agent and to accept service of process for **Drs. Airala Laser & Cataract Institute, P.A.** at the place designated in the foregoing Articles of Incorporation, hereby accepts the appointment as registered agent and agree to act in such capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and are familiar with and accept the obligations of our position as registered agent.

C T Corporation System

By: 
Name: CONNIE BRYAN
Title: ASSISTANT SECRETARY

Document Number Only

P95000055548

FILED

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SEC
TALL

CT CORPORATION SYSTEM

Requester's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1022

City

State

Zip

Phone

CORPORATION(S) NAME

FILED

Drs. Arata Laser + Cataract Institute, P.A.

Changing name to Arata Eye Center, P.A.

☐ Profit

☐ NonProfit

☒ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☒ Certified Copy

☐ Photo Copies

☐ Filing Name

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier

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FILE STAMPED

301
1/2
ENDREWS JAN - 3 1996

ARTICLES OF AMENDMENT
OF THE
ARTICLES OF INCORPORATION
OF
DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.

FILED
96 JAN -2 PM 10 13
SECRETARY
1001

Article I: The name of the corporation (the **Corporation**) is:

Drs. Airala Laser & Cataract Institute, P.A.

Article II: The Articles of Incorporation are hereby amended to change the name of the Corporation by deleting the present Article I and inserting a new Article I, as follows:

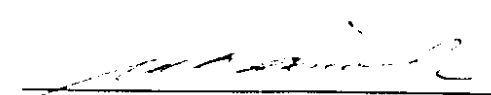
Article I: Name

The name of the corporation (the **Corporation**) is:

Airala Eye Center, P.A.

Article III: The amendment was adopted by unanimous written consent of the Sole Shareholder and Sole Director on the 21st day of December, 1995.

Dated: 12-22, 1995


Manuel Airala, M.D., President

P95000055548

OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Arent Fox Kintner Plotkin & Kahn EIN or SS#: 53-0214923

Address: 1050 Connecticut Ave., N.W.
Washington, DC 20036-5339

Amount: \$87.50 Date Paid 12/27/95

Reason for claim: _____
Document already on file

AIRALA EYE CENTER, P.A. - #P95000055548

Certified true and correct this 23rd day of February, 19 96.

Signature By: [Signature], Barry A. Carpe, Jr., Project Assistant

* Must be completed if authority is other than Section 215.26, Florida Statutes.

AIRALA EYE CENTER, P.A., #P95000055548 amend/sp

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 87.50

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01085 009 dated 12/27/95

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 9, 1996

Barry A. Carpe, Jr.
Arent Fox
1050 Connecticut Avenue, N.W.
Washington, DC 20036-5339

SUBJECT: AIRALA EYE CENTER, P.A.
Ref. Number: P95000055548

We have received your document for AIRALA EYE CENTER, P.A. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The amendment changing the name from DRS. AIRALA LASER & CATARACT INSTITUTE, P.A. changing the name to AIRALA EYE CENTER, P.A. was filed on 1/2/96.

Please complete the enclosed refund application and return it to this office for processing.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne
Senior Corporate Section Administrator

Letter Number: 496A00001067



Arent Fox

1050 Connecticut Avenue, NW
Washington, DC 20036-5339

December 26, 1995

Harry A. Carpe Jr.
Tel: 202/857-6343
Ref. No. 13280006

By Federal Express

Secretary of State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32301

Re: **Drs. Airala Laser & Cataract Institute, P.A.**
James H. Desnick, M.D., P.A.
Medical Management of America, Inc., transacting
business as "Eye Care America, Inc."

Dear Sir or Madam:

Enclosed for filing on behalf of each of the above-referenced entities are the following documents:

Drs. Airala Laser & Cataract Institute, P.A. (Please file first)

- Articles of Amendment of the Articles of Incorporation changing its name from Drs. Airala Laser & Cataract Institute, P.A. to Airala Eye Center, P.A.

At the time of filing, please issue one (1) certified copy of the Articles of Amendment of the Articles of Incorporation.

- Also enclosed is our check in the amount of \$87.50 to cover the \$35.00 filing fee and \$52.50 to obtain the certified copy.

James H. Desnick, M.D., P.A. (Please file second)

- Articles of Amendment of the Articles of Incorporation changing its name from James H. Desnick, M.D., P.A. to Drs. Airala Laser & Cataract Institute, P.A.

At the time of filing, please issue one (1) certified copy of the Articles of Amendment of the Articles of Incorporation.

- Also enclosed is our check in the amount of \$87.50 to cover the \$35.00 filing fee and \$52.50 to obtain the certified copy.

Arent Fox

Corporations Division
December 26, 1995
Page 2

Medical Management of America, Inc., transacting business as "Eye Care America, Inc."

- Officers Certificate to effectuate the name change of its alternate name from Eye Care America, Inc. to Santa Lucia Surgical Center, Inc.

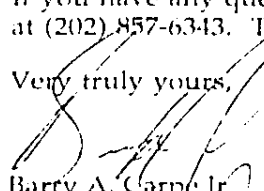
At the time of filing, please issue one (1) certified copy of the filing.

- Also enclosed is our check in the amount of \$87.50 to cover the \$35.00 filing fee and \$52.50 to obtain the certified copy.

Please file each of the above-referenced documents as soon as possible and return the certified copies, along with the evidence of filing, to me via the enclosed, prepaid Fedex envelope.

If you have any questions, or should any problems arise, please call me collect at (202) 857-6343. Thank you for your cooperation in this matter.

Very truly yours,


Barry A. Carpe Jr.
Project Assistant

cc: Mark McDaniel (w/encl.)
Alan E. Reider, Esq.
Richard N. Gale, Esq.
Beth McCartney

Aront Fox
(Requestor's Name)
1050 Connecticut Ave. N.W.
(Address)
Washington DC
(City, State, Zip) (Phone #) 20036-
5339

OFFICE USE ONLY

200001672232
-12/27/95--01085--009
*****87.50 *****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Des. Airala Laser + Cataract Institute
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials