1201 HAYS STREET TALLAHASSET, FL 32301 800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 669017 140764A

AUTHORIZATION :

Patricia Pixi

COST LIMIT : 9 78.75

ORDER DATE: August 25, 1995

ORDER TIME : 8:46 AM

ORDER NO. : 669017

- 8000001569713

CUSTOHER NO:

1407648

CUSTONER :: Linda Bittner, Legal Aget 🤃 👸 AMERICAN OPHTHALMIC, INC.

Suite 600 t:..

250 South Park Avenue Winter Park, FL 32789

DOMESTIC FILING

NAME: AOI NETWORK OF FLORIDA, INC.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

T. BROWN AUG 2 8 1995

AH H: 57

CONTACT PERSON: Keren B. Rozer



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 25, 1995

CSC NETWOKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: AOI NETWORK OF FLORIDA, INC.

Ref. Number: W95000017173

We have received your document for AOI NETWORK OF FLORIDA, INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

The name and capacity of the person signing as incorporator on behalf of AMERICAN OPHTHALMIC, INC. must be stated beneath the signature.

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) 487-6932.

Letter Number: 895A00039752

Teresa Brown Corporate Specialist

FILED

95 AUG 25 AM II: 57

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

Articles of Incorporation

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AOI NETWORK OF FLORIDA, Inc.

ARTICLE I

Name and Duration

The name of the Corporation is AOI Network of Florida, Inc. The duration of the Corporation is perpetual.

ARTICLE II

Principal Office

The address of the principal office of the Corporation is 250 South Park Avenue, Suite 600, Winter Park, Florida 32789.

ARTICLE III

Registered Office and Agent

The address of the registered office in the State of Florida is 2300 Sun Bank Center, in the City of Orlando, County of Orange. The name of the registered agent at such address is A.G.C. Co.

ARTICLE IV

Capital Stock

1. The total number of shares of capital stock which the Corporation has the authority to issue is 100,000 shares of Common Stock") \$0.01 par value per share.

ARTICLE Y

Incorporator

The name and mailing address of the incorporator of this Corporation is as follows:

Name

Addrenn

American Ophthalmic, Inc.

250 South Park Avenue, Suite 600 Winter Park, Florida 32789

ARTICLE VI

Board of Directors

- 1. The number of members of the Board of Directors may be increased or diminished from time to time by the Bylaws; provided, however, there shall never be less than one. Each director shall serve until the next annual meeting of shareholders.
- 2. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.
- 3. The names and mailing addresses of the persons who shall serve as directors of the Corporation until the first annual meeting of the shareholders are as follows:

Name

Address

Thomas R. Whatley, Jr.	250 South Park Avenue, Suite 600 Winter Park, Fl 32789
Mitchell G. Billing	250 South Park Avenue, Suite 600 Winter Park, Fl 32789
Donna Alexander	250 South Park Avenue, Suite 600 Winter Park, Fl 32789
G. Brock Magruder, Sr., M.D.	250 South Park Avenue, Suite 600 Winter Park, Fl 32789

ARTICLE VII

Indomnification

The Corporation shall indemnify any incorporator, officer or director, or any former incorporator, officer or director, to the full extent permitted by law.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, does make, file and record these Articles of Incorporation, and does certify that the facts herein stated are true; and I have accordingly hereunto set my hand and seal.

day of Cusust, 1995.

American Orbithalmic, Inc.

By: Donna Alexander, Vice President

STATE OF FLORIDA)

) 55.

COUNTY OF Orange)

(NOTARY SEALS)

The foregoing instrument was acknowledged before me this 4th day of August, 1995, by Donna Alexander. She is personally known to me or has produced as identification and did take an oath.

> MICHELLE SUE MATHEY
> My Comm Exp. 7/09/96
> Bonded By Service Ins
> No. CC213844 [] Personally known [] Other L.D.

(Notary Name Printed)

NOTARY PUBLIC

Commission No. CC 273594

REGISTERED AGENT CERTIFICATE

In pursuance of the Florida Business Corporation work the following is submitted, in compliance with said statute:

That AIO Network of Florida, Inc. desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Incorporation at the City of Orlando, County of Orange, State of Florida, has named A.G.C. Co., located at said registered office, as its registered agent to accept service of process and perform such other duties as are required in the State.

ACKNOWLEDGMENT:

Having been named to accept service of process and serve as registered agent for the above-stated Corporation, at the place designated in this Certificate, the undersigned, by and through its duly elected officer, hereby accepts to act in this capacity, and agrees to comply with the provision of said statute relative in keeping open said office, and further states that it is familiar with §607.0501, Florida Statutes.

A.G.C.

Bv:

fice President

DATED: August 7, 1995



PRESTICE HART LEGAL A LINANCIAL SERVICES

ACCOURT NO. : 0721000000012

REFERENCE : 203778 140764A

AUTHORIZATION

COST LIMIT

ORDER DATE: October 6, 1995

ORDER TIME : 12:26 PM

ORDER NO. : 703778

CUSTOMER HO:

1407648

CUSTOMER: Linda Bittner, Legal Addt

American Ophthalmic, Inc.

Suite 600

250 South Park Avenue Winter Park, FL 32789

DOMESTIC AMENDMENT FILING

AOI NETWORK OF FLORIDA, INC. NAME:

NAME Changle G. Abrendment

200001603242

XX ARTICLES OF AMENDMENT

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

xx ХX CERTIFICATE OF GOOD STANDING REFLECTING NAME CHANGE

CONTACT PERSON: Karen B. Rozar --- 25 EXAMINER'S INITIALS.



TEORIDA DEPAREMENT OF STATE Sandra B. Mortham Secretary of State

case sur the letting

Letter Number: 995A00045457

Octóber 6, 1995

CSC NETWORKS

ATTN: KAREN B. ROZAR

SUBJECT: AOI NETWORK OF FLORIDA, INC.

Ref. Number: P95000066327

We have received your document for AOI NETWORK OF FLORIDA, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The date of adoption of each amendment must be included 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) 487-6906.

Darlene Connell Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

AOI NETWORK OF FLORIDA, INC.
(present name)
Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE I

NAME AND DURATION

Will now read:

The name of the Corporation is AOI Network, Inc. The duration of the Corporation is perpetual.

SECRETAS Y CF STATE
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption:

October 6, 1995

ĘΟ	URTH: Adoption of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.		
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
	"The number of votes cast for the amendment(s) was/were		
	sufficient for approval byvoting group		
	voting group		
V	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
	The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.		
	Signed this day 4 of October , 1995		
	Signature Markell Child		
	(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)		
	OR É		
	(By a director if adopted by the directors)		
	OR		
	(By an incorporator if adopted by the incorporators)		
	Mitchell C Pilling		
	Mitchell G. Billing Typed or printed name		
	Director		
	Title		

izor Hays Structur 800-142-8086 TALLAHASSEL, LL 32301 904-222-9171

ACCOUNT NO. 1 07210000000 C

REFERENCE

206150 1402648

A TUROLITATION

COLL LIMIT

Patricia Pyrito

CRDER DATE : October 10, 1995

ORDER TIME : 10:51 AM

ORDER NO. : 706150

PRENDER DATE FEGALA DINANCIAL SERVICES

CUSTOMER NO; 140264A

(Light Bittmen, Logal Amit Ambrican Ophthalmic, Inc.

auth Park Avenue Park, Ft. 32789 700001617027

CHARGE OF AGENT

HAME:

ACT NETWORK OF FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: LYDIA LOTT

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0602, 617.0602, 607.1506, 6167.1506		
Florida Statutes, the undersigned corporation organized under the laws of the State of		
FLORIDA submits the following statement in order to change its registered office		
or registered agent, or both, in the State Florida.		
1a. The name of the corporation is: AOI NETWORK, LNC.		
1b. Date of incorporation: <u>5/25/95</u> Document number <u>P95000066327</u>		
2. The name and address of the current registered agent and office:		
A.G.C. CO. 2300 SUN BANK CENTER, ORLANDO, FL		
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET, TALAHASSEE, FL 3230\(\frac{1}{2}\)		
The street indress of its registered agent and the street address of the business office of its registered agent as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.		
Comme Share Connie Co. Francy Thenwood of I Typed or printed name and title OATE Connie Co. Francy Thenwood of VI Typed or printed name and title		
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 RELATIVE TO THE PROPER AND COM-		

PLETE PERFORMANCE OF MY DUTI. S, AND I AM FAMILIAR WITH AND ACCEPT

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

FILING FEE: \$35.00

(Registered Agent)

CAPITOL CORPORATE SERVICES, INC.

5000066327

December 26, 1996

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: AOI NETWORK, INC.

00002044040--0 -01/03/97--01026--013 *****35.00 *****35.00

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 0980 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

Ollance Lundger

enclosures

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

AGENT OR BUTTI FOR	<u> </u>	
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fiorida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State Fiorida.		
of tediarnian affairt or porty in me areas		
a. The name of the corporation is:		
b. Date of incorporation: 8/25/95	Document number P95000066327	
2. The name and address of the current regist corporation service company	ered agent and office:	
1201 Hays Street, Tallahassee, Fl 32301	-2525	
 The name and address of the new registered (P.O. Box Not Acceptable) 	(care)	
NRAI Services, Inc.	<u> </u>	
526 East Park Avenue, Tallahassee, Florida 32301	PH D	
The street address of its registered agent and t of its registered agent as changed will be ident	icai.	
Such change was authorized by resolution duly an officer so authorized by the board.	r adopted by its board of directors or by	
	Richard J. D'Amico, Vice President	
SIGNATURE December 17, 1996	Typed or printed name and title	
DATE		
	IE APPOINTMENT AS REGISTERED CITY. I FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COM- I AM FAMILIAR WITH AND ACCEPT ISTERED AGENT. Services, Inc.	
SIGNA	(Registered Agent) (Registered Agent)	

DATE 12-26-96

CR2E045 (7-91)

FILING FEE: \$35.00