

P96000019600

Document Number Only

FILED
96 FEB 29 PM 12:46
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

800001728618
-02/29/96--01092--017
*****70.00 *****70.00

CORPORATION(S) NAME

Danys Eye Center of Florida, Inc.

- ☒ Profit
☐ NonProfit
☒ Limited Liability Company
☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious name Filing
☐ CUS
☐ After 4:30
☒ Pick Up

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

*2-29-96
789,502,671
M/96-4636*

PLEASE RETURN EXTRA COPIES
FILE STAMPED

D. BROWN MAR - 4 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 29, 1996

C T CORPORATION SYSTEM
660 EAST JEFFERSON
TALLAHASSEE, FL 32301

SUBJECT: OMEGA EYE CENTER OF FLORIDA, INC.
Ref. Number: W96000004626

We have received your document for OMEGA EYE CENTER OF FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6972.

10: Doris Brown
Document Specialist

Letter Number: 796A00009079

WALK. m
PICK UP 3:00
3-4-96

Please BAK. Lile
to 2-25-96.
Thank you.

RECEIVED
36 MAR - 4 AM 11:14
DIVISION OF CORPORATIONS

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

Omega Health Systems of Florida, Inc.

FILED
95 FEB 29 PM 12:46
TALLAHASSEE, FLORIDA

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS: Omega Health Systems of Florida, Inc.

SECOND: THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE AND, IF DIFFERENT, THE MAILING ADDRESS OF THE CORPORATION IS: 5100 Poplar Avenue, Suite 2100, Memphis, TN 38137

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: 1,000 shares, \$.01 par value per share

*FOURTH: (a) IF THE SHARES ARE TO BE DIVIDED INTO CLASSES, THE DESIGNATION OF EACH CLASS IS:

<u>Common</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(b) STATEMENT OF THE PREFERENCES, LIMITATIONS AND RELATIVE RIGHTS IN RESPECT OF THE SHARES OF EACH CLASS:

<u>CLASS</u>	<u>PREFERENCES</u>	<u>LIMITATIONS</u>	<u>RELATIVE RIGHTS</u>
<u></u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u></u>	<u></u>	<u></u>	<u></u>

*FIFTH: (a) IF THE CORPORATION IS TO ISSUE THE SHARES OF ANY PREFERRED OR SPECIAL CLASS IN SERIES, THE DESIGNATION OF EACH SERIES IS:

<u>N/A</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(*Optional)

(b) STATEMENT OF THE VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES AS BETWEEN SERIES INSOFAR AS THE SAME ARE TO BE FIXED IN THE ARTICLES OF INCORPORATION:

<u>SERIES</u>	<u>RELATIVE RIGHTS</u>	<u>PREFERENCES</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

(c) STATEMENT OF ANY AUTHORITY TO BE VESTED IN THE BOARD OF DIRECTORS TO ESTABLISH SERIES AND FIX AND DETERMINE THE VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES BETWEEN SERIES:

N/A

SIXTH: PROVISIONS GRANTING PREEMPTIVE RIGHTS ARE:

No Preemptive Rights shall be granted.

SEVENTH: PROVISIONS FOR THE REGULATION OF THE INTERNAL AFFAIRS OF THE CORPORATION ARE:

N/A

EIGHTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS C.T. CORPORATION SYSTEM

*NINTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS two (2), AND THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND SHALL QUALIFY ARE:

Thomas P. Lewis, 5100 Poplar Avenue, Suite 2100, Memphis TN 38137
 Ronald L. Edmonds, 5100 Poplar Ave., Suite 2100, Memphis TN 38137

TENTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

Robert Walker
Baker, Donelson, Bearman & Caldwell
2000 First Tennessee Building
Memphis TN 38103

FILED
96 FEB 29 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION

THIS 28th DAY OF February, 19 96.

Robert Walker

SIGNATURE/TITLE

ROBERT WALKER, SOLE INCORPORATOR

SIGNATURE/TITLE

SIGNATURE/TITLE

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION
607.0501 (3) F.S.: C T CORPORATION SYSTEM IS FAMILIAR WITH AND
ACCEPTS THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

C T CORPORATION SYSTEM

DATED February 22, 19 96.

BY Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(TYPE NAME OF OFFICER)

(TITLE OF OFFICER)