

P96000100851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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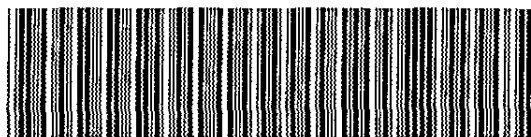
(Business Entity Name)

(Document Number)

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C. Coulllette APR 30 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EYES VISION CENTER, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P96000100851

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMS, LAURA B

(Name of Person)

EYES VISION CENTER, INC.

(Name of Firm/Company)

343 ALMERIA AVENUE

(Address)

CORAL GABLES FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

SIMS, LAURA B

(Name of Person)

at ( 305 ) 812-3570

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

02/18/2003 16:30

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PRATS FERNANDEZ & CO

PAGE 02

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LAURA B. SIMS, hereby resign as Vice-President & Secretary  
(Title)

of EYES VISION CENTER, INC.  
(Name of Corporation)

P96000100851 a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



\_\_\_\_\_  
(Signature of resigning officer/director)

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