

**CORPORATE  
ACCESS,  
INC.**

**P96000103969**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

**WALK IN**

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**12/30/96** *(signature)*

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*Profit*

1.) Wilcox Opticians, P.A.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

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DIVISION OF CORPORATION

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*me 12/30/96*

**ARTICLES OF INCORPORATION  
OF  
WILCOX OPTICIANS, P.A.**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of this corporation shall be:

**WILCOX OPTICIANS, P.A.**

**ARTICLE II - NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation is:

To engage in services and activities associated with the examination and prescribing of optical needs for patients. Further, to make and frame eyeglasses.

To engage in any other lawful business, to purchase, or otherwise acquire, and to own, mortgage, pledge, sell, convey, assign, transfer, or otherwise dispose of, and to invest in and hold real or personal property, of every class, kind, and description, and to otherwise engage in any legal business or activity permitted under the laws of the State of Florida and in all other States and counties.

To conduct said business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and license in the State of Florida and in all other States and counties.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness, and execute such mortgages and transfers of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, mortgage, transfer, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, of any other corporation of the State of Florida or any other State or Government, and while owner of such stock to exercise all of the rights, powers, and privileges of ownership, including the right to vote such stock.

### ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at no par value.

### ARTICLE IV - PREEMPTIVE RIGHT

Holders of the common stock shall have the right to subscribe and purchase their pro rata shares of any new common stock which may be issued by the corporation.

### ARTICLE V - TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE VI - PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be at 47 West Adams in Jacksonville, FL 32202.

### ARTICLE VII - INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is John O. Wilcox of 9746 Sharing Cross Court in Jacksonville, FL 32257.

### ARTICLE VIII - DIRECTOR

This corporation shall not have more than one (1) director initially. The number of directors may be increased or diminished from time to time by ByLaws adopted by the stockholders.

### ARTICLE IX - INITIAL DIRECTOR AND OFFICERS

The name and address of the Initial Director and Officers are:

NAME	ADDRESS
John O. Wilcox D/P/T/S	9746 Sharing Cross Court Jacksonville, FL 32257
Deborah H. Wilcox VP	9746 Sharing Cross Court Jacksonville, FL 32257

#### ARTICLE X - INCORPORATOR

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

NAME

ADDRESS

John O. Wilcox

9746 Sharing Cross Court  
Jacksonville, FL 32257

#### ARTICLE XI - AMENDMENTS

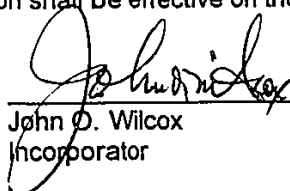
These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at stockholders' meeting by a majority of the stockholders entitled to vote thereon, unless all the Directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

#### ARTICLE XII - SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

#### ARTICLE XIII - EFFECTIVE DATE

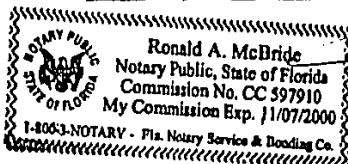
These Articles of Incorporation shall be effective on the date of filing.

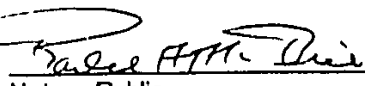
  
\_\_\_\_\_  
John O. Wilcox  
Incorporator

STATE OF FLORIDA  
COUNTY OF DUVAL

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in State and County named above to take acknowledgments, personally appeared John O. Wilcox to me known to be the person described as subscribed in and executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above on this the 24<sup>th</sup> day of December, 19 96.



  
\_\_\_\_\_  
Notary Public

My Commission Expires: 11/7/00

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.051, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

*Wilcox Opticians, P.A.*

The name and address of the Registered Agent and Office is:

John O. Wilcox  
46 West Adams Street  
Jacksonville, FL 32202

SIGNATURE \_\_\_\_\_

*John O. Wilcox*  
John O. Wilcox

TITLE President

DATE 12/24/86

FILED  
96 DEC 30 AM 10:38  
TALLAHASSEE, FLORIDA

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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

*John O. Wilcox*  
John O. Wilcox

DATE 12/24/86