

P97000001113

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-12/19/96--01059--020
****122.50 ****122.50

SUBJECT: Optometree Physicians Of Central Florida, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ron W. Bruce Jr. O.D.
Name (Printed or typed)

2646 Woodwind Hills Ln.
Address

Lakeland, Fla. 33813
City, State & Zip

941-644-2840
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

1296-26958



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 26, 1996

ROY W. BRUCE, JR.
4221 S. FLORIDA AVE.
LAKELAND, FL 33813

SUBJECT: OPTOMETRIC PHYSICIANS OF CENTRAL FLORIDA INC.
Ref. Number: W96000026958

We have received your document for OPTOMETRIC PHYSICIANS OF CENTRAL FLORIDA INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 396A00057205

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *Optometric Physicians of Central Florida, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4221 South Florida Ave.
Lakeland, Florida 33813*

97 JUN -6 AM 8:11
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Roy W. Bruce Jr. O.D.
2646 Woodwind Hills Ln.
Lakeland, Florida 33813*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Roy W. Bruce Jr. O.D. (Director)
2646 Woodwind Hills Ln.
Lakeland, Fla. 33813

Vernon A. Stapleton O.D. (Director)
4850 Fernery Ln.
Lakeland, Fla. 33809

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of January, 19 97.

(An additional article must be added if an effective date is requested.)

Roy W. Bruce Jr.
Signature

Vernon A. Stapleton O.D.
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is Optometric Physicians of Central Florida, Inc.

2. The name and address of the registered agent and office is:

Roy W. Bruce Jr. O.D.
(NAME)

2646 Woodwind Hills Ln.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lakeland Fla. 33813
(CITY/STATE/ZIP)

RECEIVED
DIVISION OF CORPORATIONS
97 JAN - 6 AM 8:11

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.

R. W. Bruce Jr. O.D.
(SIGNATURE)

1/2/97
(DATE)