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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAG-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: TOTAL FAMILY EYE CARE INC.
AUDIT NUMBER.....H97000004563
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS...1 PAGES..... 3
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 3/19/97

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ARTICLES OF INCORPORATION
OF

TOTAL FAMILY EYE CARE INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: TOTAL FAMILY EYE CARE INC.

The principal place of business of this corporation shall be:

7650 West Flagler St. Miami, FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 200 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Tomas Gonzalez 9241 E. Calusa Miami, FL 33186

Gustavo E. Coll MD 9400 SW 91th St. Miami, FL 33176

Prepared by: Tomas Gonzalez
9241 E. Calusa Club Dr.
Miami, FL 33186
(305) 265-7955

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Tomas Gonzalez

9241 E. Calusa Club Dr.
Miami, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18th day of March, 1997.

Signature(s) of Incorporator(s)

Tomas Gonzalez

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

97 MAR 18 PM 4:25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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:

TOTAL FAMILY EYE CARE INC.

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

Tomas Gonzalez

(P.O. BOX NOT ACCEPTABLE)

7650 West Flagler St. Miami, Fl 33144

(CITY/STATE/ZIP)

SIGNATURE Tomas Gonzalez

TITLE President

DATE 3/18/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Tomas Gonzalez

DATE 3/18/97

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