

P97000077606

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

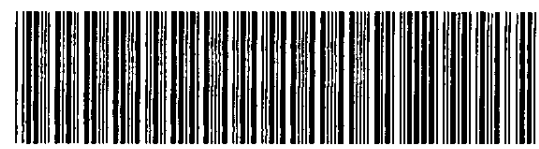
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/28/11--01036--002 \*\*52.50

*Handwritten:* 11/28/11  
*Handwritten:* D. S. / Notice / Practice  
**FILED**  
2011 MAY 20 AM 11:39  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2011

MARK LEVIN  
OCULAR INSIGHT, INC.  
6001 BROKEN SOUND PARKWAY, SUITE 508  
BOCA RATON, FL 33487

SUBJECT: OCULAR INSIGHT, INC.  
Ref. Number: P97000077606

We have received your document for OCULAR INSIGHT, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must state the date the dissolution was authorized.

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 (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 711A00011031

RECEIVED  
MAY 20 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Levin 240-876-5388 P.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Ocular Insight, Inc.

**DOCUMENT NUMBER:** P97000077606

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Levin

(Name of Contact Person)

Ocular Insight, Inc.

(Firm/Company)

6001 BROKEN SOUND PARKWAY SUITE 508

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Museles

(Name of Contact Person)

at ( 301 ) 230-5246

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ocular Insight, Inc.

SECOND: The document number of the corporation (if known): P97000077606

THIRD: The date dissolution was authorized: April 30 2011

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Mark Levin

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED  
2011 MAY 20 AM 11:40  
CLERK OF CIRCUIT COURT  
JANUARY 2011  
FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Ocular Insight, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Shulman, Rogers, Gandal, Pordy & Ecker, P.A.

12505 Park Potomac Avenue, Sixth Floor

Potomac, MD 20854

Attention: Scott D. Museles, Esq.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mark Levin

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**