TRANSMITTAL LETTER

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

200002326592--7 -10/22/97--01044--008 ****122.50 ****122.50

SUBJECT: Shannon D. Fowler O.D., P.A. (Proposed corporate name - must include suffix)

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

570.00 Filing Fee

578.75

Filing Fee & Certificate

T \$122.50

Filing Fee & Certified Copy **\$131.25**

Filing Fee, Certified Copy &

Certificate

ADDITIONAL COPY REQUIRED

FROM:

Lamar Conerly, Jr.

Name (Printed or Typed)

P.O. Box 175

Address

Destin, Fl 32540

City, State & Zip

(904) 837-5118

Daytime Telephone number

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, 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: Shannon D. Fowler O.D., P.A.

ARTICLE II PRINCIPAL OFFICE

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

743 Highway 98E, Suite 1 Destin, Florida 32541

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Shannon Fowler 743 Highway 98E, Suite 1 Destin, Florida 32541

ARTICLE V INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Lamar Conerly, Jr. P.O. Box 175 Destin, Florida 32540

Signature/Incorporator

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

Having been named as registered agent and to accept services 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/Registered Agent