

TRANSMITTAL LETTER

P98000080837

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

SUBJECT: New View Laser Center Inc.
(Proposed corporate name - must include suffix)

100002638371--0
-09/14/98--01080--013
*****78.75 *****78.75

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: Peter Urban MD
Name (Printed or typed)

115 E.Van Fleet Drive
Address

Bartow, FL 33830
City, State & Zip

941-534-8888
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 14 AM 7:59

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

SEP 18 1998

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

New View Laser Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

6068 Apopka Vineland Rd Suite 10
Orlando, Fl. 32819

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Peter Urban MD
115 E Van Fleet Dr. Bartow, Fl. 33830

ARTICLE V INCORPORATOR

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

Peter Urban MD
115 E Van Fleet Dr.
Bartow, Fl 33830



Signature/Incorporator

9-5-98

Date

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

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/Registered Agent

9-5-98

Date

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