

P99000005846

January 15, 1999

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

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-01/08/99--01072--011
*****70.00 *****70.00

Re: Robert I. Guda, OPT., P.A.
Ref. Number- W99000000746

Dear Ms. Freida Chesser,

I have added article IX to these original articles of incorporation describing the specific nature of this professional association. Please accept my apologies for any inconvenience this made have caused you.

My address and phone numbers during working hours are as follows.

Barry M. Danzinger, CPA, P.A.
14151 Oak Ridge Drive
Davie, FL 33325
Phone 954-568-9337
Fax 954-568-9338

Please do not hesitate to call me if I can be of further help.

Sincerely,

Barry M. Danzinger, CPA
Barry M. Danzinger, CPA

FILED
99 JAN 19 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TA - 1/20/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 12, 1999

BARRY M DANZINGER PA CPA
14151 OAK RIDGE DRIVE
DAVIE, FL 33325

SUBJECT: ROBERT I. GUDA, OPT., P.A.
Ref. Number: W99000000746

We have received your document for ROBERT I. GUDA, OPT., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of 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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 799A00001333

FILED
99 JAN 19 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ROBERT I. GUDA, OPT., P.A.

THIS IS TO CERTIFY that I, the undersigned, hereby associate myself unto a corporation pursuant to the provisions of the laws of the State of Florida providing for the formation of a corporation for profit for the purposes and with the powers herein mentioned, and to that end do by Certificate set forth:

I

The name of the Corporation is: **ROBERT I. GUDA, OPT., P.A.**

II

The Corporation's existence shall commence at 12:01 a.m.local time on the date of filing. The Corporation shall be of perpetual duration.

III

The Corporation may engage or transact in 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.

IV

There shall be only one (1) class of stock in this corporation, namely common stock with a par value of \$1.00 per share.

The maximum number of shares that this corporation is authorized to have outstanding at any time is one thousand (1000) shares, with a par value of \$1.00 each.

The corporation shall commence its existence with one hundred (100) shares, to be owned by the undersigned incorporator:

ROBERT I. GUDA -100 SHARES OF COMMON STOCK

V

The registered office of the Corporation is to be located at:

2698 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

VI

It is the intent of the incorporators that the Corporation will qualify under Section 1244 of the Internal Revenue Code.


VII

In compliance with Section 48,091 Florida Statutes, the following is submitted: —

First, that **ROBERT I. GUDA, OPT., P.A.** desiring to organize or qualify under the laws of the state of **Florida**, with its principle place of business in the city of **Sunrise**, State of **Florida**, has named: **ROBERT I. GUDA** as its agent to accept service process within Florida.

Signature:

Date :


01/04/1999

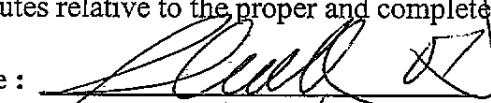
The mailing address, principal address and registered address of the corporation is:
2698 N. UNIVERSITY DRIVE, SUNRISE, FL 33322

99 JAN 19 PM 5:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 these duties.

Signature :

Date :


01/04/1999

VIII

The initial Board of Directors shall consist of one (1) Director. The name, post office addresses of the first Board of Directors and Officers who, subject to the provisions of the Certificate of Incorporation, by-laws and the Act of the Legislature of the State of Florida, whereunder the Corporation is organized, shall hold office for the first year of the corporation's existence, or until their successors are elected and have qualified, is as follows:

NAME:

ADDRESS:

OFFICE:

ROBERT I. GUDA

2698 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

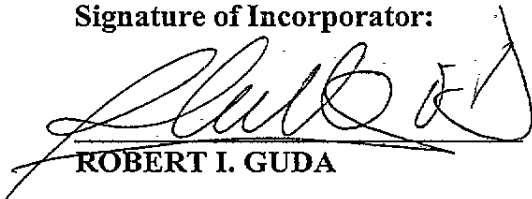
PRESIDENT

IX

The specific nature of this Professional Association is to provide medical eye care to the general public.

The Undersigned incorporator agrees to abide by the provisions of this charter and of the laws of the State of Florida in the conduct of the affairs of this corporation, and to take the number of shares of stock as set forth above.

Signature of Incorporator:


ROBERT I. GUDA

01/04/1999
Date: