		PLEASE READ	ALL INST	RUCTIONS	BEFORE (	OMPLET	ING THIS FO	RM	
	PLICAT FOR ISTATE	ION	FLORID	A DEPARTMEI Sandra B. Mor Secretary of S IVISION OF CORPOR	NT OF STATE tham State	7			
DOCUMENT # \$73169						98 DEC 22 AM 10: 43			
1. Corporation Name RAMSAY EYE CARE CENTER, O.D., P.A.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						-			
13670 METROPOLIS AVE STE 105 FT MYERS FL 33912			13670 METROPOLIS AVE STE 105 FT MYERS FL 33912						
US US If above addresses are incorrect in any way, line through incorrect						REINSTATEMENT			
				New Mailing Office Address, If Applicable		4. Date Incorp	orated or Qualified less in Florida		
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.  City & State		·	5. FEI Number	65-0281024	08/14/1991 Applied For Not Applicable	
Zip Country		Zip Country		/	6. CERTIFICATE				
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea	<u> </u>		101 a Certificate of Status	
Title(s)	Name of Officers and/or Directors			Stre	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip		
<u>1                                    </u>	RAMSAY, WILLIAM K., OD		13670 METROPO				FT MYERS FL		
								**	
						41	200027 -12/29/9 ****750	801087017	
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Regist	tered Agent	
RAMSAY, WILLIAM K., OD  6900 DANIELS PARKWAY  SUITE 6 & 7  ET ANYERS EL 22012						Name   Ramsay, William K, O.D.     Street Address (P.O. Box Number Is Not Acceptable)   300 10 Metropolus AVI   Suite, Apt. #, Etc.     We have the suite of the			
10. I, being	appointed the	e registered agent of the above	ve named corpo	ration, am familiar wit	h and accept the ob	oligations of Section	on 607.0505, F.S.	FL 339(2)	
Signature of Registered	of Agent	(JA)A)	URE GISTERED AG	REQUENT MUST SIGN	IRED		Date <u>/2-0</u>	1-98	
		ration owes or ha Personal Propert			ar Yes □	No 🗵		ner side for information n intangible tax.)	
this rein owed by	statement app	officer or director or the receiv olloation, the reason for dissoli ion have been paid and the n rue and accurate, and my sig	ution has been ames of individe	eliminated, the corpor uals listed on this form	ate name satisfies to do not qualify for a	the requirements of an exemption und	of section 607.0401 or (		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<del>----</del>--

941-561- Z020 Daytime Phone #