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(R	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name)		
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COVER LETTER

		ration Section on of Corporations			
SUBJE	CT:	Dominion Eye Care, a Professi	onal Corporati	on	
508017		Name of	corporation -	- must include suffix	
Dear Sir	or M	adam:			
"Certific	ate of	'Application by Foreign Cor 'Existence,' or "Certificate c red foreign corporation to tra	of Good Stand	ling" and check are subm	Business in Florida," aitted to register the
Please re	turn :	all correspondence concernin	g this matter t	to the following:	
William	J. Wal	sh			
		<u>.</u>	Name of P	erson	
McCand	lish &	LiHard, P.C.			
		· •	Firm/Comp	pany	
11350 R;	andon	Hills Road, Suite 500			
			Addre:	SS	
Fairfax,	VA 22	030			
	-		City/State an	d Zip code	
wwaish'n	утеса	ndlaw.com			
		E-mail address:	(to be used fe	or future annual report no	tification)
For furth	ner inf	formation concerning this ma	tter, please ca	ill:	
Ryan A.	Logar) :	703 nt (703 934-1187	
	Nam	of Person	Area Code	Daytime Telepho	one Number
	Regis Divis The C 2415	CET/COURIER ADDRESS tration Section ion of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ake ch	check for the following amot eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION."	
	able in Florida, enter alternate corporate name	•	
2. Virginia 3. (State or country under the law of which it is incorporated)		54-1385815	
04/22/1986	5	(Date of duration, if other than perpetual)	
(Date of incorporation) N/A		(Date of duration, if other than perpetual)	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
8140 Ashton Ave	mue, Suite 120, Manassas, Virginia 20109		
	(Principal of	fice street address)	
N/A			21
	(Current mail	ing address, if different)	2023 F1
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	1
Name:	Crystal Atkins		-
ffice Address:	434 Gilson Loop		EHH: 39
	The Villages	, Florida 32163 (Zip code)	39
	(City)	(Zip code)	
laving been nam esignated in this orther agree to c	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	ment as registered agent and agree to a relative to the proper and complete perf.	ct in this capacity.
	Crystal Arkins		
	(Registered agent's	signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
[]Chairman	Name. Thu Pham, M.D.	□Chairman	Name: Benjamin Abramowitz, M.D.	
□Vice Chairman	Address 42258 Graves Mountain Terrace	□Vice Chairman	Address: 6606 Orland Street	
Director	Chantilly, VA 20152	Director	Falls Church, VA 22043	
■ President		□President		
□Vice President		■ Vice President		
□ Secretary	□Treasurer	Secretary	■ Treasurer	
© Other CEO	Other	□Other	□Other	
□ Chairman	Name.	□Chairman	Name:	
∐Vice Chairman	Address:	≟Vice Chairman	Address:	
ClDirector		Director		
∐President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
GOther	ClOther	IlOther		
☐Chairman	Name:	□Chairman	Name:	
	Address:	SVice Chairman	Address:	
☐ Director		□ Director		
		ZIPresident		
L)President				
□Vice President	□ Treasurer	□ Vice President	□Treasurer	
☐Secretary		□Secretary □Other		
. Boulet	C (Which			
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of the Thomas M.D.	and of Chair Annual D.	eport form	
12	Signature of Director of	4507		
The officer or dire	Signature of Director of Signature of Director of Office of Comment (and who is listed in number also information submitted in a document to the Depart	er 11 above) affirms th	nat the facts stated herein are true and that he or ites a third degree felony as provided for in	
13.	Thu Pham, M.D., President			
(Typed or printed name and capacity of person signing application)				

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Dominion Eye Care, P.C. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 22. 1986;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 28, 2022

Bernard J. Logan, Clerk of the Commission