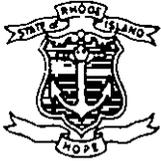


Filing and License Fee: \$230.00 minimum

ID Number:

160291



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

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AMF

11-9747

PROFESSIONAL SERVICE CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a professional service corporation under Chapters 7-5.1 and 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1 The name of the corporation is Lyn-Marie Behmke, O.D., Ltd.

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended ) (Strike if inapplicable )

2. The profession to be practiced through the professional service corporation is ophthalmology

3. The total number of shares which the corporation has authority to issue is:

(a) If only one class: Total number of shares 8000

or

(b) If more than one class: Total number of shares of each class

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles

4. The address of the initial registered office of the corporation is Winograd, Shine & Zacks, P.C., 123 Dyer St.

(Street Address, not P.O. Box) Second Floor

Providence, RI 02903
(City/Town) (Zip Code)

and the name of its initial registered agent

at such address is Richard J. Land, Esq.
(Name of Agent)

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.

6. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.

2006 DEC 12 PM 1:22

STATE OF RHODE ISLAND
CORPORATIONS DIVISION
RECEIVED



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>12/7/2006</b>
<b>PRODUCER</b> OPTOMETRIC PROTECTOR PLAN PO BOX 10888 JACKSONVILLE FL 32247-0888 (888) 972-7378 (904) 488-3813		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURED</b> LYH-HEARX EYEWEAR, CO 2720 PANTUCKET AVE. SAUS PROVEDENCE RI 02914		<b>INSURERS AFFORDS COVERAGE</b> INSURER A: <b>WATSON CASUALTY</b> NAID # <b>12298</b> INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASS	TYPE OF INSURANCE	POLICY NUMBER	START DATE	END DATE	LIMIT
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> AGG <input checked="" type="checkbox"/> LOC	PAB000345945	11/4/2006	11/4/2007	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE PER POLICY \$ 1,000,000
					MAX. PAY PER OCCURRENCE \$ 20,000
					PERSONAL & AUTO LIABILITY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMPROP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PAB000345945	11/4/2006	11/4/2007	COMBINED SINGLE LIMIT (E & ACCIDENT) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - B&ACCIDENT \$
					OTHER THAN AUTO ONLY: B&ACC \$
	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROFESSIONAL/ARTISAN/EXECUTIVE OFFICER MEMBER EXCLUDED BY SPECIAL PROVISIONS HEREIN OTHER				<input type="checkbox"/> SOLELY <input type="checkbox"/> JOINT LIMITS
					\$1 EACH ACCIDENT \$
					\$1 OTHERS - POLICY LIMIT \$
	PROFESSIONAL LIAB PAB000345945 11/4/2006 11/4/2007				COVERAGE \$ 5,000,000 AGGREGATE \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

OPTICIAN'S OFFICES / LYH-HEARX EYEWEAR, CO IS COVERED FOR GENERAL AND PROFESSIONAL LIABILITY BY THIS POLICY.

<b>CERTIFICATE HOLDER</b> LYH-HEARX EYEWEAR, CO 2720 PANTUCKET AVE. SAUS PROVEDENCE RI 02914	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAIL TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i>
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