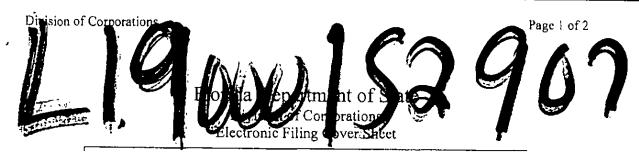
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From:

Rosa Wong, Paralegal

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Account Number : 075471001363 Phone : {305}374-5600 Fax Number : (305)374-5095

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. VK OPHTHALMIC SURGICAL CENTER, LLC

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ARTICLES OF ORGANIZATION OF VK OPHTHALMIC SURGICAL CENTER, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is:

VK OPHTHALMIC SURGICAL CENTER, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

1776 North Pine Island Road Sulte 214 Plantation, Florida 33322

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Aarup Kubal 18101 Collins Avenue #603 ~ Pによって Sunny Isles Beach, Florida 33160

Having been named as registered agent and to accept service of process for the above stated limited llability company 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 as provided for in Chapter 605, F.S.

Aarup Kubal, Registered Agent

ARTICLE IV: - Management

The name and address of the entities authorized to manage and control the limited liability company are as follows:

Title:

Name and Address:

AMBR

Ophthalmic Opportunity Fund, LLC 17121 Collins Avenue, #2403

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AMBR

Ophthalmic Surgical Investment Group, LLC 17121 Collins Avenue, #2403 Sunny Isles Beach, Florida 33160

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 12, 2019.

Aarup Kubal, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Aarup Kubal

Typed or printed name of signee

49166724,1