

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000152907

Entity Name: VK OPHTHALMIC SURGICAL CENTER, LLC

Current Principal Place of Business:

1776 NORTH PINE ISLAND ROAD
SUITE 214
PLANTATION, FL 33322

Current Mailing Address:

1776 NORTH PINE ISLAND ROAD
SUITE 214
PLANTATION, FL 33322

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUBAL, AARUP
18101 COLLINS AVE PH 306
SUNNY ISLES BEACH, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	AMBR
Name	OPHTHALMIC OPPORTUNITY FUND, LLC
Address	17121 COLLINS AVENUE, #2403
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	AMBR
Name	OPHTHALMIC SURGICAL INVESTMENT GROUP, LLC
Address	17121 COLLINS AVENUE, #2403
City-State-Zip:	SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANIL VEDULA

MGR

03/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date