

**2020 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: AARUP KUBAL**

**AMBR**

**01/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date