

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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FILED 8:00 AM  
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Sec. Of State

**Article I**

The name of the Limited Liability Company is:  
THE LOW VISION CLINIC OF FLORIDA, P.L.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL. US 33401

The mailing address of the Limited Liability Company is:  
901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL. US 33401

**Article III**

The purpose for which this Limited Liability Company is organized is:  
THE COMPANY IS ORGANIZED FOR THE PURPOSE OF THE PRACTICE OF  
MEDICINE AND THE RENDITION OF MEDICAL SERVICES AND  
TRANSACTIONING ANY AND ALL LAWFUL BUSINESS APPURTENANT THERETO  
FOR WHICH A COMPANY MAY BE ORGANIZED UNDER FLORIDA STATUTE  
621.02.

**Article IV**

The name and Florida street address of the registered agent is:  
LAUREN R ROSECAN  
901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL. 33401

Having been named as registered agent and to accept service of process for the above stated limited liability 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.

Registered Agent Signature: LAUREN R. ROSECAN

**Article V**

The effective date for this Limited Liability Company shall be:  
02/07/2004

Signature of member or an authorized representative of a member  
Signature: DANA M. SANTINO, ESQ.