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Account Number : 119990000059

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ORIDA/FOREIGN LIMITED LIABILITY CO.

EYE DOCTORS, P.L.

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Florida Dept of State

November 14, 2007

DUANE MORRIS & HECKSCHER, LLP

SUBJECT: EYE DOCTORS, P.L.

REF: W07000055847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporat fors, on except for fictitious name régistrations and general partnership registrations. m-11

Please select a new name and make the correction in all the appropriate oplaces. One or more words may be added to make the name places. One or more words may be added to make the name distinguishablefrom the one presently on file. Adding of Florida of Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no Limited Company, L.C., longer acceptable: and LC.

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SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

- - Eye MD, P.L.

ARTICLE II - Address:

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

Address:

5001 Collins Avenue, Apartment 1-G Miami Beach, FL 33140

ARTICLE III -Purpose:

This Professional Limited Liability Company is formed for the purpose of rendering medical services.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Nanette O'Donnell, P.A. c/o Duane Morris LLP 200 South Biscayne Boulevard, 34th Floor Miami, FL 33131

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 as provided for in Chapter 608, Florida Statutes.

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Registered Agent's Signature

ARTICLE V- Managing Members:

The name and address of each Managing Member is as follows:

Title:

Name and Address:

MGRM

Osvaldo Caffa, M.D. 5001 Collins Avenue

Apt. 1-G

Miami Beach, FL 33140

MGRM

Jorge C. Bruno, M.D. c/o Osvaldo Caffa, M.D. 5001 Collins Avenue

Apt. 1-G

Miami Beach, FL 33140

REQUIRED SIGNATURE:

Nanette O'Donnell, P.A., authorized representative of Managing Members.

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