Electronic Articles of Organization
For
Florida Limited Liability Company

L09000058904
FILED 8:00 AM
June 17, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

NU VISION LASIK, L.L.C.

Article II

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

11115 COUNTY LINE ROAD
SPRING HILL, FL. US 34609

The mailing address of the Limited Liability Company is:

11115 COUNTY LINE ROAD
SPRING HILL, FL. US 34609

Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL PRACTICE, OPHTHALMOLOGY

Article IV

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

KEITH B STOLTE M.D.
11115 COUNTY LINE ROAD
SPRING HILL, FL. 34609

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: KEITH B. STOLTE. M.D.

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Article V

The name and address of managing members/managers are:

Title: MGR
KEITH B STOLTE M.D.
11115 COUNTY LINE ROAD
SPRING HILL, FL. 34609 US

Article VI

The effective date for this Limited Liability Company shall be:

06/17/2009

Signature of member or an authorized representative of a member

Signature: KEITH B. STOLTE, M.D.