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(City/State/Zip/Phone #)

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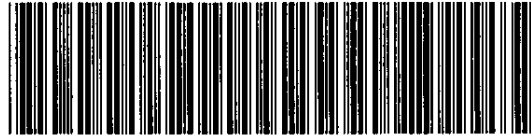
(Business Entity Name)

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# WALTER M. TOVKACH

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ALSO ADMITTED IN  
OHIO & NORTH CAROLINA

November 10, 2015

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32301

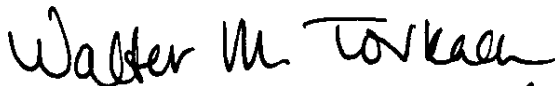
Re: NORTH FLORIDA CATARACT SPECIALISTS AND VISION CARE, LLC

Ladies and Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above referenced limited liability company along with our check in the amount of \$155.00 to cover the cost of filing same. Please return the certified copy to this office.

After the original Articles of Organization have been filed, please certify the enclosed copy and return it to me.

Very truly yours,

  
Walter M. Tovkach (KAT)

WMT:kat

enclosure

**ARTICLES OF ORGANIZATION  
OF  
NORTH FLORIDA CATARACT SPECIALISTS AND VISION CARE, L.L.C.**

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1. Name. The name of the limited liability Company (hereinafter referred to as "Company") is: NORTH FLORIDA CATARACT SPECIALISTS AND VISION CARE, L.L.C.

2. Existence. The Company shall have perpetual existence commencing with the date of filing.

3. Location. The street address of the principal office and mailing address of the Company is 772 SW 136<sup>th</sup> Street, Newberry, Florida, 32669.

4. Purpose. The purpose for which the limited liability company is organized is to practice medicine.

5. Registered Agent. The initial street address in the State of Florida of the initial registered office of the Company is 772 SW 136<sup>th</sup> Street, Newberry, Florida, 32669, and the name of its initial registered agent at such address is GREGORY D. SNODGRASS.

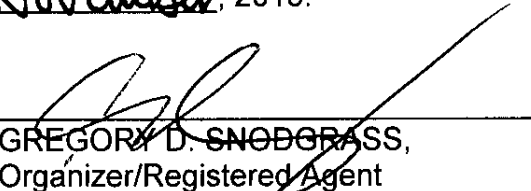
6. Additional Members. The members may admit such additional members on such terms and conditions as they may unanimously agree.

7. Continuation. A majority of the remaining members of the Company shall have the right to continue the Company in existence on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

8. Management. The Company shall be managed by one or more managers as set forth in the Regulations. The initial managers shall serve until the first meeting of the members or until their successor is elected and qualifies. The initial manager is: GREGORY D. SNODGRASS, and the mailing address is 772 SW 136<sup>th</sup> Street, Newberry, Florida, 32669.

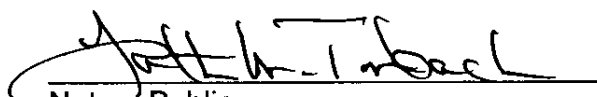
9. Limitation on Agency Authority of Members. Pursuant to Section 608.424 of the Florida limited liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member, except for the managing member as designated in these Articles.

The undersigned, being an original member of the Company and the registered agent hereinbefore named, for the purpose of forming a Florida limited liability Company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true and that the undersigned is familiar with and accepts the duties and obligations as registered agent for said Company and accordingly, has executed this document on this 15 day of November, 2015.

  
GREGORY D. SNODGRASS,  
Organizer/Registered Agent

STATE OF FLORIDA  
COUNTY OF ALACHUA

Subscribed and sworn to before me this 15 day of November, 2015, by GREGORY D. SNODGRASS, who is  personally known to me, or \_\_\_\_\_ who produced \_\_\_\_\_ as identification.

  
Notary Public  
My Commission Expires:



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