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FLORIDA LIMITED LIABILITY CO.

Breast Reconstruction Specialists, PLLC

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ARTICLES OF ORGANIZATION Of BREAST RECONSTRUCTION SPECIALISTS, PLLC

ARTICLE I

Name and Duration

The name of this limited liability company is Breast Reconstruction Specialists, PLLC (hereinafter referred to as the ("Company"). The duration of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE II

Principal Office

The mailing address and street address of the principal office of the Company is 27716 Cashford Circle, Suite 102B, Wesley Chapel, Florida 33544, or such other place as the member of the Company may determine from time to time.

ARTICLE III

Purpose

The nature of the business to be conducted or promoted and the sole and specific purpose of the Company is to render professional medical services and any lawful act or activity allowed under and in accordance with applicable law. The Company shall have all of the general and specific powers and rights granted to and conferred on a limited liability company by the Florida Revised Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV

Registered Office and Agent

The address of the registered office of the Company in the State of Florida is 200 S. Orange. Avenue, Suite 2300, in the City of Orlando, County of Orange, State of Florida 32801. The name of the registered agent at such address is David L. Schick, Esq.

ARTICLE V

Management

The Company shall be manager managed for the purposes of Section 605.0407 and other relevant provisions of the Florida Revised Limited Liability Company Act. The name and address of the initial Managers of the Company are:

Raj S. Ambay, M.D. 22716 Cashford Circle Wesley Chapel, Florida 33544

C. Bob Basu, M.D. 22716 Cashford Circle Wesley Chapel, Florida 33544

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, does make, file and record these Articles of Organization, and does certify that the facts herein stated are true and I have accordingly hereunto set my hand and soal.

DATED as of the 6th day of April, 2016.

Raj S. Ambay, authorized representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Bergstresser, Laurie L.

Pursuant to the provisions of Florida Statute Section 605.0113, Breast Reconstruction Specialists, PLLC submits the following statement in designating the registered office/registered agent, in the State of Florida:

- The name of the limited liability company is Breast Reconstruction Specialists, PLLC.
- The name and address of the registered agent and office is: David L. Schick, Esq., 200 S. Orange Avenue, Suite 2300, Orlando, Florida 32801.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: April 6, 2016.

Azates,