I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: JOSEPH SPADAFORA

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 21275 OLEAN BLVD. PORT CHARLOTTE, FL 33952

Current Mailing Address:

FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA, FL 33950 US

FEI Number: 31-1821080

Name and Address of Current Registered Agent:

HOLMES, DAVID AESQ FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA, FL 33950 US

Entity Name: COMMUNITY EYE SURGERY CENTER, L.C.

FILED Mar 29, 2017 Secretary of State CC2805680988

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SPADAFORA, JOSEPH	Name	SCHAIBLE, ERIC
Address	21275 OLEAN BLVD.	Address	21275 OLEAN BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952

03/29/2017

Date