

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L02000023917
FILED 8:00 AM
September 13, 2002
Sec. Of State

Article I

The name of the Limited Liability Company is:

NATIONAL VEIN CLINICS, LLC

Article II

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

1000 EXECUTIVE DRIVE
SUITE 2
OVIDO, FL. 32765

The mailing address of the Limited Liability Company is:

1000 EXECUTIVE DRIVE
SUITE 2
OVIDO, FL. 32765

Article III

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

DAVID H POPPER
201 EAST PINE STREET
15TH FLOOR
ORLANDO, FL. 32802

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: DAVID H. POPPER

Article IV

The effective date for this Limited Liability Company shall be:

09/13/2002

Signature of member or an authorized representative of a member

Signature: DAVID H. POPPER