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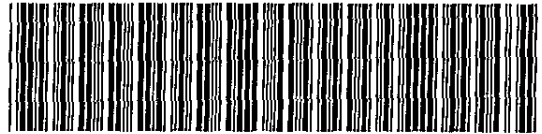
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"A designer smile that's an affordable smile!"

Angye Whitaker
Business Manager
angye@tampabay.rr.com
dentalward@aol.com

1/20/03

ANGELA S. WHITAKER
5200 N. ARMENIA AVE.
TAMPA FL 33603-1408

813-354-9424 (daytime
phone)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DENTAL MANSION, LLC

ARTICLE II - Address:

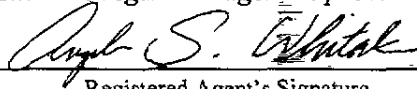
The mailing address and street address of the principal office of the Limited Liability Company is:
16680 N. DALE MABRY TAMPA FLORIDA 33618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

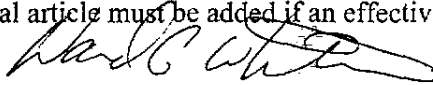
The name and the Florida street address of the registered agent are:

ANGELA S. WHITAKER
Name
9108 SHADOW POND CT.
Florida street address (P.O. Box **NOT** acceptable)
ODESSA FL 33556
City, State, and Zip

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANGELA S. WHITAKER
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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