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# Florida Department of State

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# LIMITED LIABILITY COMPANY

TOWNCARE DENTAL GROUP, LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION TOWNCARE DENTAL GROUP, LLC

The undersigned, being authorized to execute and file these Articles of Organization of Towncare Dental Group, LLC (the "Limited Liability Company"), hereby certifies that:

## ARTICLE I - Name:

· The name of the Limited Liability Company is:

TOWNCARE DENTAL GROUP, LLC

## ARTICLE II - Address:

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

> 12515 North Kendali Drive Suite 412 Miami, Florida 33186

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Melvyn S. Gober 12515 North Kendall Drive Suite 412 Miami, Florida 33186

### ARTICLE V - Management:

The Limited Liability Company will be a member-managed company.

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## ARTICLE VI - Indomnification

The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.

Melzyn S. Gober Authorized Signatory

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# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT TOWNCARE DENTAL GROUP, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Melvyn S Gober

Dated: December 8, 2003

MIA 278496-1.053036.0010

SECRETARY OF STATE TALLAHASSEE, FLORIDA