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To:
Division of Corporations
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EFFECTIVE DATE
1-29-04

From:
Account Name : RICARDO A. ROIG, P.A.
Account Number : I20020000054
Phone : 813-876-0088
Fax Number : 813-876-0445

LIMITED LIABILITY COMPANY
WRIGHT DENTAL CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
WRIGHT DENTAL CARE, LLC**

**ARTICLE I
NAME**

EFFECTIVE DATE1-29-04

The name of the Limited Liability Company is Wright Dental Care, LLC., effective this 29th day of January, 2004.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 3942 East Eden Roc Circle, Tampa, Florida 33634.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

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

Ralph Del Rio
505 North Rome Avenue
Tampa, Florida 33629

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 in Chapter 608, F.S.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one member or more managers and is, therefore, a member-managed company. The initial Managing Members' names and addresses are:

Dr. Scott Wright
3942 East Eden Roc Circle
Tampa, Florida 33634

Dr. Elizabeth Wright
3942 East Eden Roc Circle
Tampa, Florida 33634



Signature of a member or 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.)

Ralph L. Rio Authorized Rep.

Typed or printed name of signer

04 JAN 29 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FL 32301

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