

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

L04000028699
FILED 8:00 AM
April 14, 2004
Sec. Of State
ncausseauX

Article I

The name of the Limited Liability Company is:
CENTRAL FLORIDA DENTURE CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
110 NORTH ORLANDO AVE
6
MAITLAND, FL. 32751

The mailing address of the Limited Liability Company is:
PO BOX 941623
MAITLAND, FL. 32794

Article III

The purpose for which this Limited Liability Company is organized is:
DENTAL OFFICE WITH LAB

Article IV

The name and Florida street address of the registered agent is:
MICHAEL BELL
110 N ORLANDO AVE
6
MAITLAND, FL. 32751

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: DR, MICHAEL BELL

Article V

The name and address of managing members/managers are:

Title: MGRM
MICHAEL BELL
PO BOX 941623
MAITLAND, FL. 32751

Title: MGRM
MICHAEL GOFFREDO
110 N ORLANDO AVE
MAITLAND, FL. 32751

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Article VI

The effective date for this Limited Liability Company shall be:

05/01/2004

Signature of member or an authorized representative of a member

Signature: MICHAEL BELL