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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Florida Plastic Surgery Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION OF
FLORIDA PLASTIC SURGERY CENTER, LLC
a Limited Liability Company**

ARTICLE I

Name

The name of the limited liability company ("Company") is Florida Plastic Surgery Center, LLC.

ARTICLE II

Address

The mailing and street address of the Company's principal office is 2902 59th Street West, Suite A, Bradenton, Florida 34209.

ARTICLE III

Duration

The period of duration of the Company is twenty-five (25) years, beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

Registered Agent and Office

The name of the Company's initial registered agent in Florida is William Galvano, Esquire. The address of the Company's registered agent is 1023 Manatee Avenue West, Bradenton, Florida 34205.

ARTICLE V

Management

The Company is a Member-managed company. The Managing-member is identified as follows:

Bradenton Plastic Surgery, P.A.

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ARTICLE VI

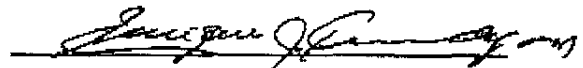
Admission of New Members

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

ARTICLE VII

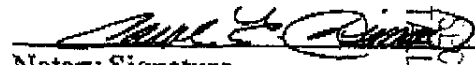
The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

IN WITNESS WHEREOF, I have executed these Articles of Organization on this 24th day of June, 2004.



STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 24th day of June, 2004, by Enrique J. Fernandez, who is personally known to me or who has produced _____ as identification.


Notary Signature
My Commission Expires:



Carol E Dimon
My Commission DD178445
Expires March 21, 2007

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Florida Plastic Surgery Center, LLC.
2. The name and the Florida street address of the registered agent and office are:
William S. Galvano, Esquire, 1023 Manatee Avenue West, Bradenton, Florida 34205.

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, Florida Statutes.

Dated: June 24, 2004.


William S. Galvano, Registered Agent