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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**CAROLINA DENTAL PROPERTIES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
CAROLINA DENTAL PROPERTIES, LLC**

**ARTICLE I – Name:**

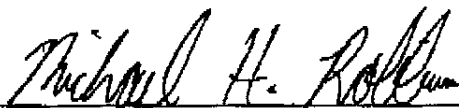
The name of the Limited Liability Company is **CAROLINA DENTAL PROPERTIES, LLC.**

**ARTICLE II – Address:**

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

2959 Bayshore Point Drive  
Tampa, Florida 33611

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 5<sup>th</sup> day of April 2005.



**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.)

Michael H. Robbins

**Typed or printed name of signer**

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **CAROLINA DENTAL PROPERTIES, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Signature

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