

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

**L05000053283  
FILED 8:00 AM  
May 27, 2005  
Sec. Of State  
Irrivers**

**Article I**

The name of the Limited Liability Company is:  
DENTAL URGENT CARE CENTER, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL. 32607

The mailing address of the Limited Liability Company is:  
500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL. 32607

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PROVIDE EMERGENCY DENTAL CARE TO THE GENERAL PUBLIC

**Article IV**

The name and Florida street address of the registered agent is:  
PHYSICIAN ADVISORY GROUP, INCORPORATED  
500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL. 32607

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: NEIL ROSIN

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
REEVE ABRABEN  
8620 MILLHOPPER ROAD  
GAINESVILLE, FL. 32653

Title: MGR  
NEIL ROSIN  
500 NW 43RD STREET, STE 3  
GAINESVILLE, FL. 32607

Signature of member or an authorized representative of a member

Signature: NEIL ROSIN

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