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Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660 05 JUN 28 AM IO: 37

LIMITED LIABILITY COMPANY

NEW IMAGE GENERAL DENTISTRY, P.L.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR NEW IMAGE GENERAL DENTISTRY, P.L.

ARTICLE I Name

The name of the Professional Limited Liability Company is:

NEW IMAGE GENERAL DENTISTRY, P.L.

ARTICLE II Address

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

30846 Prout Court Wesley Chapel, Florida 33543

ARTICLE III Professional Services Rendered

The Professional Limited Liability Company shall render dental services

ARTICLE IV Registered Agent and Registered Address

The name and the street address of the registered agent is:

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 28th day of June, 2005.

Brin Smith Achel

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.)

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ALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL 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 professional limited liability company is New Image General Dentistry, P.L.
- 2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
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.

Erin Smith Achel, Esq.
Registered Agent

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