

Aug. 20, 2005 12:09 PM  
Division of Corporations

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From:

Account Name : STEVEN M. CHAMBERLAIN, P.A.  
Account Number : 120010000119  
Phone : (352) 375-8540  
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**LIMITED LIABILITY COMPANY**

**GAINESVILLE FAMILY DENTISTRY, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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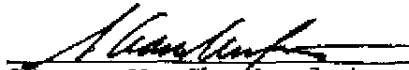
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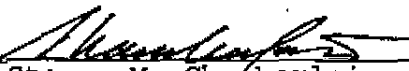
**ARTICLES OF ORGANIZATION OF  
GAINESVILLE FAMILY DENTISTRY, LLC**

1. Name. The name of the limited liability company (hereinafter "company") is GAINESVILLE FAMILY DENTISTRY, LLC.
2. Existence. The company shall have perpetual existence. The company shall commence existence on August 20, 2005.
3. Location. The mailing address and the street address of the principal office of the company is 5622 NW 43<sup>rd</sup> Street, Gainesville, FL 32653.
4. Registered Agent. The street address in the State of Florida of the initial registered office of the company is 618 NE 1<sup>st</sup> Street, Gainesville, FL 32601, and the name of its initial registered agent at such address is Steven M. Chamberlain.
5. Management. The company shall be managed by one or more Managers as set forth in the Membership Agreement. The initial Manager is William M. Witt, D.D.S., and his address is 5622 NW 43<sup>rd</sup> Street, Gainesville, FL 32653.

The undersigned, being the authorized representative of a member of the company, for the purpose of forming a Florida limited liability company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

  
Steven M. Chamberlain  
Aug 20, 2005

The undersigned hereby accepts his appointment as registered agent for GAINESVILLE FAMILY DENTISTRY, LLC, and declares that he is familiar with and accepts the duties and obligations as registered agent as provided for in chapter 608 Florida Statutes (2003).

  
Steven M. Chamberlain  
Aug 20, 2005

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TALLAHASSEE, FLORIDA

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