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(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

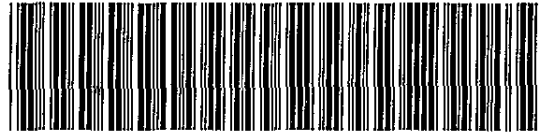
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E-Mail Address: Bednarlaw@aol.com

December 5, 2005

Department of State
Division of Corporations
Amendment Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: Articles of Organization of Podiatric Dermatological Instruments
L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization of Podiatric Dermatological Instruments, L. L. C., the original and one copy of the Certificate of Designation of Registered Agent/Registered Officer, and our firm's check in the amount of \$160.00 to cover the cost of the filing fees and the Certificate of Status. I have also enclosed an addressed return Federal Express shipping label to expedite return of the documents.

Should you have any questions or problems with the name of the corporation, please contact our office immediately at the toll-free number of 1.866.424.3207.

Sincerely,



Sunny Ranz
Paralegal to Mark A. Bednar

Enclosures

cc: Melissa Hackel

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
PODIATRIC DERMATOLOGICAL INSTRUMENTS, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is Podiatric Dermatological Instruments, L.L.C., ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
211 Cevallos Street
Pensacola, Florida 32502

Mailing Address:
211 Cevallos Street
Pensacola, Florida 32502

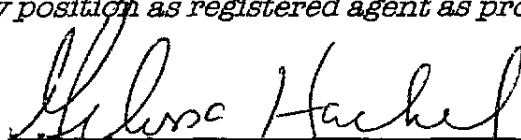
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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Melissa Hackel
211 Cevallos Street
Pensacola, Florida 32502

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, F.S..



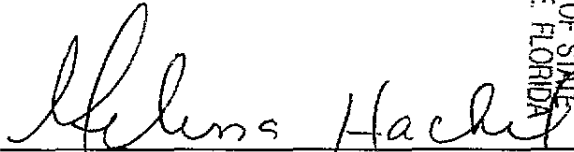
Melissa Hackel

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGMR	Melissa Hackel 211 Cevallos Street Pensacola, Florida 32502
MGMR	Serlin Bakotic 211 Cevallos Street Pensacola, Florida 32502

REQUIRED SIGNATURE:



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.)

Melissa Hackel

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TALLAHASSEE, FLORIDA

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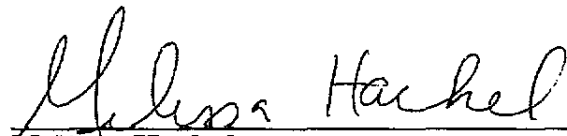
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 608.415 or 608.507, Podiatric Dermatological Instruments, L.L.C., 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 Podiatric Dermatological Instruments, L.L.C.

2. The name and address of the registered agent in Florida are:
Melissa Hackel, 211 Cevallos Street, Pensacola, Florida 32502

The undersigned, being the person named in the articles of organization of Podiatric Dermatological Instruments, L.L.C. as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



Melissa Hackel
Registered Agent

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