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

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**FLORIDA DERMATOLOGY ASSOCIATES, L.L.C.**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FLORIDA DERMATOLOGY ASSOCIATES, L.L.C.**

**ARTICLE II - Address:**

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

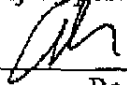
8787 Bryan Dairy Road, #360  
Largo, FL 33777

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

Alan S. Gassman  
1245 Court Street, Suite 102  
Clearwater, FL 33756


*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.*



Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**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.)



ALAN S. GASSMAN

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