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### WELLBAUM & WOLFF, P.A.

R.W. WELLBAUM, JR.
LORI WELLBAUM WOLFF\*
\*ALSO ADMITTED IN CALIFORNIA

686 NORTH INDIANA AVENUE, SUITE A ENGLEWOOD, FLORIDA 34223 TELEPHONE (941) 474-3241 FAX (941) 475-2927

June 21, 2006

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: MEDICAL SKIN SOLUTIONS, L.L.C.

Dear Sir or Madam:

Please find enclosed an original and one copy of the Articles of Organization for Florida Limited Liability Company and the Designation of Registered Agent for the above referenced matter.

Please file the Articles of Organization with the State and return a certified copy of same to my office.

Also enclosed is a check in the amount of \$155.00 for costs of filing.

Thank you for your cooperation. Should you have any questions, please contact my office.

Very truly yours,

Lori Wellhaum Wolff

LWW/ljr

**Enclosures** 

#### ARTICLES OF ORGANIZATION OF

#### MEDICAL SKIN SOLUTIONS, L.L.C.

#### ARTICLE I

#### Name

The name of the Limited Liability Company is MEDICAL SKIN SOLUTIONS, L.L.C.

#### ARTICLE II

#### **Address**

The mailing and street address of the Company's principal office is:

202 Grand Oaks Circle Venice, Florida 34292

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#### ARTICLE III

#### Duration

The period of duration of the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

#### **ARTICLE IV**

#### Registered Agent and Office

The name of Company's initial registered agent in Florida is SHERRY LOEFFLER. The address of Company's registered office in Florida is:

202 Grand Oaks Circle Venice, Florida 34292

#### **ARTICLE V**

#### Management

The Company is to be managed by SHERRY LOEFFLER, ARNO LOEFFLER, KATHY SUSAN BARON and JACK E. BARON. They will serve until the first annual meeting of the members. The initial managers are identified as follows:

SHERRY LOEFFLER ARNO LOEFFLER 202 Grand Oaks Circle Venice, Florida 34292

KATHY SUSAN BARON JACK E. BARON 1 Dominica Drive Englewood, Florida 34223

The members shall equally share all debts of the limited liability company and shall assume all current liabilities. All assets and dividends of the limited liability company shall be divided equally.

If any member shall die, the remaining members shall have the right of first refusal to buy out the other's share at fair market value as determined by a certified business appraiser. If the other members shall choose not to purchase the business, the assets shall be liquidated and the proceeds divided equally.

If one of the physician members shall die, the remaining members shall renegotiate the compensation agreement to compensate the remaining physician accordingly. This shall not affect the ownership interests of the members.

#### **ARTICLE VI**

#### **Admission of New Members**

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

#### **ARTICLE VII**

#### **Additional Provisions**

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the managers listed in Article V.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this day of \_\_\_\_\_\_\_\_, 2006, at Englewood, Sarasota County, Florida.

ARNO LOEFFLER

ATHY BUSAN BARON

JÄCK E. BARON

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statute Section 608.415 or 608.507, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

MEDICAL SKIN SOLUTIONS, L.L.C.

2. The name and address of the registered agent and office is:

SHERRY LOEFFLER 202 Grand Oaks Circle Venice, Florida 34292

Having been named as registered agent and to accept service of process for the abovenamed 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.

Dated:

. 2006

HERRYLDEFFLEI