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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 224347 8739A

AUTHORIZATION :

*Spudeleman*

COST LIMIT : \$ 125.00

ORDER DATE : July 5, 2006

ORDER TIME : 2:56 PM

ORDER NO. : 224347-005

CUSTOMER NO: 8739A

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GREGORY R. COHEN, MD, PL

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: \_\_\_\_\_



*resubmit*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2006

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SUBJECT: GREGORY R. COHEN, MD, PL  
Ref. Number: W06000030003

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We have received your document for GREGORY R. COHEN, MD, PL and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

As discussed, the professional LLC Articles must state the specific professional practice in which the company will engage -- e.g. "the practice of medicine."

I am also returning Articles for RJAZ, LLC, which were attached to this filing.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 906A00043705

**ARTICLES OF ORGANIZATION  
OF  
GREGORY R. COHEN, MD, PL**

T-739 P.002/003 F-955  
2006 JUL -6 PM 3:30  
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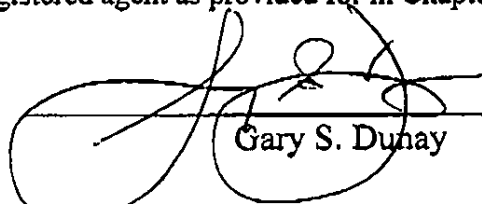
Article I - Name: The name of the Limited Liability Company is Gregory R. Cohen, MD, PL.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 6935 Queenferry Circle, Boca Raton, Florida 33496.

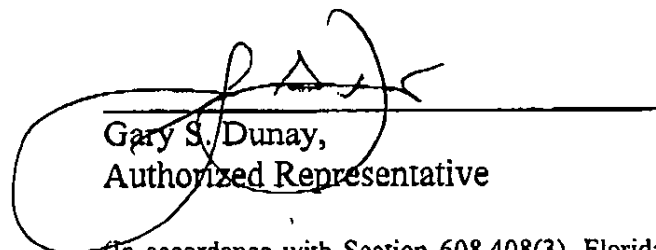
Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Gary S. Dunay  
5355 Town Center Road, Suite 801  
Boca Raton, Florida 33486

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

  
\_\_\_\_\_  
Gary S. Dunay

Article IV - Specific Purpose: To engage in any activity or business permitted under the laws of the United States and the State of Florida, specifically the practice of optometry.

  
\_\_\_\_\_  
Gary S. Dunay,  
Authorized Representative

(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.)