

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000095907
FILED 8:00 AM
October 02, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

LAKESIDE FAMILY DENTISTRY, P.L.

Article II

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

13402 SUMMERPORT VILLAGE PARKWAY
ORLANDO, FL. US 34786

The mailing address of the Limited Liability Company is:

13402 SUMMERPORT VILLAGE PARKWAY
ORLANDO, FL. US 34786

Article III

The purpose for which this Limited Liability Company is organized is:

TO ENGAGE IN THE PRACTICE OF DENTISTRY AND TO TAKE ALL
ACTIONS THAT ARE NECESSARY OR PROPER IN CONNECTION WITH
SUCH SERVICES.

Article IV

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

JAMES J FLICK
112 LAKE AVENUE
ORLANDO, FL. 32801

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.

Registered Agent Signature: JAMES J. FLICK

Article V

The name and address of managing members/managers are:

Title: MGR
ALAN R HEAP
13402 SUMMERPORT VILLAGE PARKWAY
ORLANDO, FL. 34786 US

Title: MGR
C. MICHAEL TURNER
13402 SUMMERPORT VILLAGE PARKWAY
ORLANDO, FL. 34786 US

Title: MGR
CHRISTOPHER N SAPPI
13402 SUMMERPORT VILLAGE PARKWAY
ORLANDO, FL. 34786 US

Signature of member or an authorized representative of a member

Signature: JAMES FLICK

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