Electronic Articles of Organization
For
Florida Limited Liability Company

L06000103621
FILED 8:00 AM
October 24, 2006
Sec. Of State
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Article I

The name of the Limited Liability Company is:

DERMACARE CLINIC OF PEMBROKE PINES, LLC

Article II

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

17900 NW 5TH STREET
202
PEMBROKE PINES, FL. 33029

The mailing address of the Limited Liability Company is:

17900 NW 5TH STREET
202
PEMBROKE PINES, FL. 33029

Article III

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

EDUARDO E GADEA CPA
10689 N. KENDALL DRIVE
215
MIAMI, FL. 33176

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: EDUARDO E GADEA

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Article IV

The name and address of managing members/managers are:

Title: MGRM
PEDRO A VILLA
4501 GRANADA BLVD
CORAL GABLES, FL. 33146

Article V

The effective date for this Limited Liability Company shall be:

10/26/2006

Signature of member or an authorized representative of a member

Signature: EDUARDO E GADEA