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## To:

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## From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076668002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617**FLORIDA/FOREIGN LIMITED LIABILITY CO.****WEST COAST CENTER FOR JAW SURGERY, PL**

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**ARTICLES OF ORGANIZATION  
OF  
WEST COAST CENTER FOR JAW SURGERY, PL**

The undersigned, acting as the organizer of a professional limited liability company to be formed under the Florida Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida professional limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles"):

**ARTICLE I  
Name**

The name of this Company shall be: WEST COAST CENTER FOR JAW SURGERY, PL.

**ARTICLE II  
Place of Business**

The principal place of business and mailing address of this Company shall be 10850 Sheldon Road, Tampa, Florida 33626, and such other place or places as may be designated by the members from time to time.

**ARTICLE III  
Purpose**

This Company may engage in any activity or business permitted under the laws of the State of Florida, except that the Company shall not render professional services except through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to practice dentistry within the State of Florida.

**ARTICLE IV  
Registered Agent and Office**

The initial registered agent for this Company shall be Michael G. Little, and the address of the registered agent for service of process shall be 911 Chestnut Street, Clearwater, Florida 33756.

Prepared By:  
Michael G. Little, Esquire  
Johnson, Pope, Bokor,  
Ruppel & Burns, LLP  
911 Chestnut Street  
Clearwater, Florida 33756  
Bar No. 0881677  
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ARTICLE V  
Management of Business

The Company shall be manager-managed. The name and address of the initial managing member shall be Robert D. Stickland, 10850 Sheldon Road, Tampa, Florida 33626.

The undersigned has executed these Articles of Organization this 2<sup>nd</sup> day of January, 2007.

  
\_\_\_\_\_  
MICHAEL G. LITTLE

CERTIFICATE OF DESIGNATION  
AND ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 911 Chestnut Street, Clearwater, Florida 33758, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

Dated: January 2, 2007

  
\_\_\_\_\_  
MICHAEL G. LITTLE

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