

L07000008736

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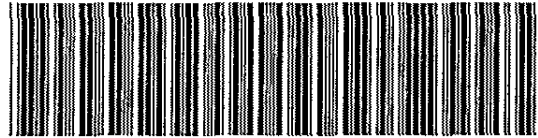
(Business Entity Name)

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1257-2872
Specific purpose

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 23 PM 1:15

B. Tadlock JAN 24 2007

STRAUGHN, TURNER & SMITH, P.A.

ATTORNEYS AND COUNSELORS AT LAW

255 MAGNOLIA AVENUE SW
WINTER HAVEN, FLORIDA 33880

TELEPHONE: (863) 293-1184
FAX: (863) 293-3051

RICHARD E. STRAUGHN
MARK G. TURNER
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J. KEMP BRINSON

MAILING ADDRESS:
POST OFFICE BOX 2295
WINTER HAVEN, FLORIDA
33883-2295

GERALD P. HILL, II, LL.M.
ADAM L. BANTNER, II

JACK STRAUGHN
(1925-2000)...

January 12, 2007

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

Re: Articles of Organization; DR. ALAN L. SIZEMORE, D.D.S., P.L.

To Whom it May Concern:

Please find enclosed for filing the Articles of Incorporation for DR. ALAN L. SIZEMORE, D.D.S., P.L., together with a check in the amount of \$125.00 for the filing fee.

Thank you for your assistance. Please contact me if you have any questions.

Sincerely,
STRAUGHN, TURNER & SMITH, P.A.



Gerald P. Hill, II



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2007

GERALD P. HILL, II
STRAUGHN, TURNER & SMITH, P.A.
PO BOX 2295
WINTER HAVEN, FL 33883-2295

SUBJECT: DR. ALAN L. SIZEMORE, D.D.S., P.L.
Ref. Number: W07000002872

We have received your document for DR. ALAN L. SIZEMORE, D.D.S., P.L. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 607A00004382

STRAUGHN, TURNER & SMITH, P.A.

ATTORNEYS AND COUNSELORS AT LAW

255 MAGNOLIA AVENUE SW
WINTER HAVEN, FLORIDA 33880

TELEPHONE: (863) 293-1184
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JACK STRAUGHN
(1925-2000)

MAILING ADDRESS:
POST OFFICE BOX 2295
WINTER HAVEN, FLORIDA
33883-2295

Via FEDEX Overnight Delivery

January 22, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

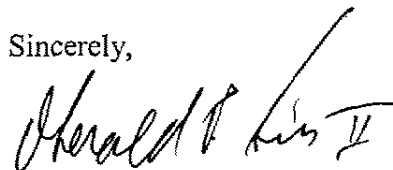
Re: Corrected Articles of Organization; Dr. Alan L. Sizemore, D.D.S., P.L.

To Whom it May Concern:

Please find enclosed the corrected Articles of Organization for the above entity, together with a copy of Letter # 607A00004382. I have added the purpose of the entity in Article V.

It is my understanding that the filing fee that was already submitted will apply to this filing. Please let me know if you need anything further.

Sincerely,



Gerald P. Hill, II

ARTICLES OF ORGANIZATION
OF
DR. ALAN L. SIZEMORE, D.D.S., P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 23 PM 1:16

ARTICLE I - NAME

The name of the professional limited liability company is DR. ALAN L. SIZEMORE, D.D.S., P.L. ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

501 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880

Mailing Address:

501 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Dr. Alan L. Sizemore, D.D.S.
501 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880

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 as provided for in Chapter 608, F.S..



Dr. Alan L. Sizemore, D.D.S.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

DR. ALAN L. SIZEMORE, D.D.S.

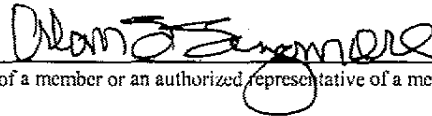
501 E. CENTRAL AVENUE

WINTER HAVEN, FL 33880

ARTICLE V - PURPOSE

The purpose of the professional limited liability company is the practice of dentistry and all purposes incident thereto.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

DR. ALAN L. SIZEMORE, D.D.S.

Typed or printed name of signee