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ARTICLES OF ORGANIZATION

TRIANGLE DDS (ORANGE CITY), LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

TRIANGLE DDS (ORANGE CITY), LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

One South School Avenue Suite 1000 Sarasota, Florida 34237

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David P. Nichols One South School Avenue Suite 1000 Sarasota, Florida 34237

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

| 2/5 day of, 2007. | icles of Organization have been executed as of the |
|--------------------------------|--|
| WITNESSES: | |
| Claudine & Watters | David P. Nichols |
| Print Name Claudine A. Walters | David P. Nichols |
| Print Name | |
| | SERMORE |
| Print Name | Steven R. Matzkin |
| Print Name | |
| Deborahwine | printell |
| Print Name <u>Deborah Wise</u> | Mitchell B. Olan |
| (imagala Cricos | / |
| Print Name Hongado Pricas | |

"MANAGERS"

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

TRIANGLE DDS (ORANGE CITY), LLC

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

David P. Nichols One South School Avenue Suite 1000 Sarasota, Florida 34237

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date

David P. Nichols

"REGISTERED AGENT"