

LD 1000085911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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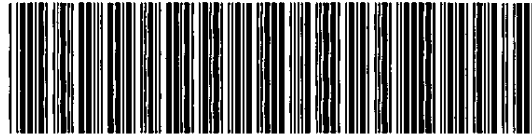
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 8-20-07

**Articles of Organization  
for  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
**Tampa Bay Hemmorhoid Relief Clinic LLC**

**Article II**

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

**6450 38 Avenue North, Suite 320  
St. Petersburg, FL 33710**

**Article III**

The purpose for which this Limited Liability Company is organized  
**Health care and medical practice.**

**Article IV**

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

**Howard Drexel Dobson III  
6450 38 Avenue North, Suite 320  
St. Petersburg, FL 33710**

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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 serve in tis 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

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
Howard Drexel Dobson III  
6450 38 Avenue North, Suite 320  
St. Petersburg, FL 33710

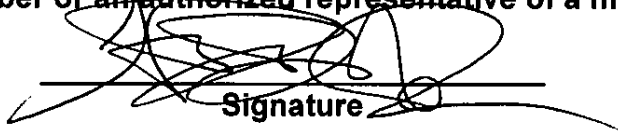
EFFECTIVE DATE

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**Article VI**

**The effective date for this Limited Liability Company shall be:  
August 20, 2007**

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

  
Signature

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