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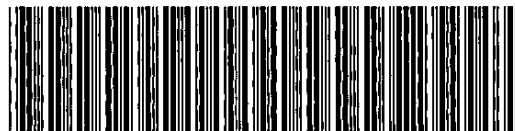
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 OCT -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 10-01-2007

REF. #: 000177.75153

CORP. NAME: SOUTH BROWARD CHILDREN'S DENTISTRY AND ORTHODONTIC PRACTICE
MANAGEMENT, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 523126 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SOUTH BROWARD CHILDREN'S DENTISTRY AND
ORTHODONTIC PRACTICE MANAGEMENT, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of **SOUTH BROWARD CHILDREN'S DENTISTRY AND ORTHODONTIC PRACTICE MANAGEMENT, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

**SOUTH BROWARD CHILDREN'S DENTISTRY AND ORTHODONTIC PRACTICE
MANAGEMENT, LLC**

ARTICLE II — Address:

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

12515 North Kendall Drive
Suite 406
Miami, Florida 33186

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

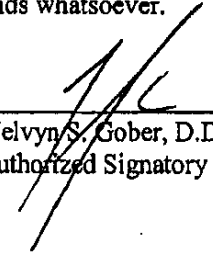
Melvyn S. Gober, D.D.S.
12515 North Kendall Drive
Suite 406
Miami, Florida 33186

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.

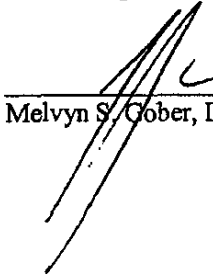


Melvyn S. Gober, D.D.S.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

**SOUTH BROWARD CHILDREN'S DENTISTRY AND ORTHODONTIC PRACTICE
MANAGEMENT, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Melvyn S. Gober, D.D.S.

Dated: September 28, 2007