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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

hhd derm holdings llc

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Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF HHD DERM HOLDINGS LLC

ARTICLE I  
NAME

The name of this Limited Liability Company shall be HHD DERM HOLDINGS LLC (the "Company").

ARTICLE II  
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be MARION COUNTY, OCALA, FLORIDA, and such other place or places as the member from time to time may determine. The mailing address of the Company is 5349 S.W. COLLEGE ROAD, UNIT 2, OCALA, FL. 34474.

ARTICLE III  
INITIAL REGISTERED OFFICE AND  
REGISTERED AGENT

The initial registered agent of the Company shall be BRYAN C. HICKS, M.D.. The address of the initial registered agent is 5349 S.W. COLLEGE ROAD, UNIT 2, OCALA, FL 34474.

ARTICLE IV  
MANAGEMENT

The Company will be a manager-managed company, and will be managed by a manager or managers who may be, but are not required to be, a member of the company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is :

BRYAN C. HICKS, MD  
5349 S.W. COLLEGE ROAD, UNIT 2  
OCALA, FL 34474

IN WITNESS WHEREOF, the undersigned have caused these Articles of Organization to be executed on the 21 day of March, 2008, effective upon filing same with the Florida Department of State.

BY: HHD DERM HOLDINGS, LLC

  
BRYAN C. HICKS, M.D., Member (or Authorized Representative)

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STATE OF FLORIDA )  
 ) SS:  
COUNTY OF MARION )

The foregoing instrument was acknowledged before me this 21 day of March, 2008, by BRYAN C. HICKS, M.D. the foregoing Articles of Organization as member, who is personally known to me, or who have produced Florida Drivers License as identification, and being first duly sworn, acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.



Susan M. Knudsen  
Signature - NOTARY PUBLIC

Susan M. Knudsen  
Printed Name of NOTARY PUBLIC

Commission Number \_\_\_\_\_

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN  
FLORIDA.

1. The name of the limited liability company is:

HHD DERM HOLDINGS, L.L.C.

The name and address of the registered agent and office is:

BRYAN C. HICKS, MD  
5349 S.W. COLLEGE RD, UNIT 2  
OCALA, FL 34474

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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 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 DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

By: 

BRYAN C. HICKS M.D.

Date: \_\_\_\_\_

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