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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ANNE K. CLAIBORNE, M.D., PLLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION OF ANNE K. CLAIBORNE, M.D., PLLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 621, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE !

Name. The name of the limited liability company shall be ANNE K. CLAIBORNE, M.D., PLLC ("Company"). This organization is being formed to provide professional periodontal dental services.

ARTICLE II

Address. The mailing address and street address of the principal office of the Company shall be 237 Live Oak Lane, Altamonte Springs, Florida 32714.

ARTICLE III

<u>Duration</u>. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is THOMAS P. MORAN.

ARTICLE V

Management. The Company shall be managed by a manager or managers in

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Management. The Management is the management of the mana accordance with an operating agreement adopted by the members for the managementof the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the Initial manager(s) of the Company is/are:

NAME

ADDRESS

ANNE K, CLAIBORNE, M.D.

237 Live Oak Lane

Altamonte Springs, Florida 32714

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IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this __//* day of June, 2008

Thomas P. Moran

Authorized Representative

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared THOMAS P. MORAN, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this day of June, 2008.

MANY PUBLIC

June M. Reckert
Commission # DD403485
Expires May 30, 2009

SECRETARY OF STATE.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ANNE K. CLAIBORNE, M.D., PLLC

PURSUANT TO THE PROVISIONS OF SECTION 621, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is ANNE K. CLAIBORNE, M.D., PLLC,
- 2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

THOMAS P. MORAN
111 North Orange Avenue, Suite 1200
Orlando, Fiorida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.

PHOMAS P. MORAN

June 1/, 2008

1000 JUN 11 AM 8: 22 SECRETARY OF STATE. ALL AHASSEE EL SATE.

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