

L08000060679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

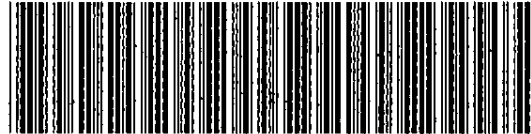
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/08--01017--001 **155.00

EFFECTIVE DATE
7/1/08

FILED
08 JUN 19 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Galtner JUN 20 2008

I. E. WHISNANT
Attorney at Law
2424 Manatee Avenue, W., Ste 101
Bradenton, Florida 34205

Phone: 941-747-5003

Fax: 941-746-2910

June 16, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bradenton Oral Surgery Center, LLC.

Gentlemen:

Enclosed herewith please find the following pertaining to the formation of

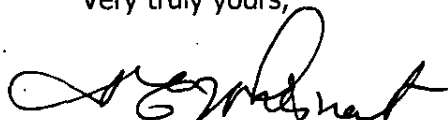
- A. Original Articles of Organization.
- B. Copy of Articles of Organization.
- C. Check in the amount of \$155.00 to cover the following:

Filing Fee	\$ 125.00
Certified Copy fee	30.00
	=====
TOTAL	\$ 155.00

After the original Articles of Organization have been filed, it would be appreciated if you would return the copy to us indicating certification.

If you have any other requirements, please telephone or otherwise advise.

Very truly yours,


I. E. WHISNANT

IEW/mr
Encls: as stated

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: BRADENTON ORAL SURGERY CENTER, LLC.

ARTICLE II - Address:

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

Principal Office Address

2902 59th Street, West
Bradenton, Florida 34209

Mailing Address

the same

ARTICLE III - Registered Agent:

The name and address of the limited liability company's registered agent is:

THOMAS A. ANDERSON, DDS.
2902 59th Street, West
Bradenton, Florida 34209

ARTICLE IV - Managing Member:

The name and address of each managing member:

MGRM THOMAS A. ANDERSON, DDS
2902 59th Street, West
Bradenton, Florida 34209

ARTICLE V - Effective Date:

The effective date of this Limited Liability Company is July 1, 2008

ARTICLE VI - Registered Agent Acceptance:

The undersigned registered agent states he is familiar with and accepts the obligation of registered agent.



THOMAS A. ANDERSON, DDS, MGRM
2909 59th Street, West
Bradenton, Florida 34209

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TALLAHASSEE FLORIDA

A

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 provision 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

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