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Account Number : 1200300000107
Phone : (904) 567-1060
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wound and Vein Care Center of America, LLC

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240 Ponte Vedra Park Drive, Suite 150

Ponte Vedra Beach, Florida 32082

Phone: (904) 567-1060

Facsimile: (904) 567-1065

To:	Division of Corporations	From:	Donna Ciancutti
Fax:	850-617-6383	Pages:	4
Phone:		Date:	June 25, 2008
Re:	<u>Wound and Vein Care Center of America, LLC</u>		
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ARTICLES OF ORGANIZATION**OF****WOUND AND VEIN CARE CENTER OF AMERICA, LLC**

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is Wound and Vein Care Center of America, LLC.

**ARTICLE II
DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 608.402 (24) of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III
ADDRESS**

The mailing and street address of the principal office of the Company shall be 3636 University Boulevard South, Building C, Jacksonville, Florida 32216.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 3636 University Boulevard South, Building C, Jacksonville, Florida 32216, and its initial registered agent at such office shall be Philip Adler, D.P.M.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned members of the Company have executed these Articles of Organization on behalf of the Company in accordance with § 608.407 of the Act.

Dated this _____ day of June, 2008.


Philip Adler, D.P.M., Managing Member

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**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Wound and Vein Care Center of America, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Philip Adler, D.P.M. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 3636 University Boulevard South, Building C, Jacksonville, Florida 32216.

Dated this ____ day of June, 2008.



Philip Adler, D.P.M., Managing Member

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this ____ day of June, 2008.



Philip Adler, D.P.M., Registered Agent

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