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Division of Corporations

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Florida Department of State

Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Vein Center of North Florida, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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EXAMINER

11/19/2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name**

The name of the Limited Liability Company is: Vein Center of North Florida, LLC

ARTICLE II - Address

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

1920 SW 20th Place, Building 100
Ocala, Florida 34471

**ARTICLE III - Registered Agent, Registered Office,
& Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Name: Ravi Chandra, M.D.
Florida street address: 1920 SW 20th Place, Building 100
City, State, and Zip: Ocala, Florida 34471

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 as provided for in Chapter 608, F.S.

Ravi Chandra
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Ravi Chandra
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

W. James Gooding III, as agent of a Member
Typed or printed name of signer

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