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FLORIDA/FOREIGN LIMITED LIABILITY CO.

the plastic surgery institute of miami, pllc

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**Articles of Organization
of**

THE PLASTIC SURGERY INSTITUTE OF MIAMI, PLLC.

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company

The name of this limited liability company is THE PLASTIC SURGERY INSTITUTE OF MIAMI, PLLC.

Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

MAX A. ADAMS
1400 NW 10th Ave., PH#3
Miami, Florida 33136

Article 3. Statement of Purposes

The purposes for which this limited liability company is organized are:

To engage in the lawful practice of medicine, and to provide medical services to the general public under the laws of the State of Florida.

Article 4. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member is:

JASON ALTMAN, M.D., P.A.
5777 LAGORCE DRIVE
MIAMI BEACH, FLORIDA 33140

SHARMA FACIAL PLASTIC SURGERY, INC.
6301 COLLINS AVENUE
APARTMENT 1601
MIAMI BEACH, FLORIDA 33141

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Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

5777 LaGorce Drive

Miami Beach, Florida 33140

Article 6. Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

Article 7. Company Existence

The Company's existence shall begin effective as of October 2, 2009.

The undersigned authorized representative of a member executed these Articles of Organization on October 2, 2009.



The Law Offices of Max A. Adams
Max A. Adams, Esq.

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STATEMENT OF REGISTERED AGENT

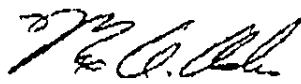
LIMITED LIABILITY COMPANY:

THE PLASTIC SURGERY INSTITUTE OF MIAMI, PLLC.

REGISTERED AGENT/OFFICE:

MAX A. ADAMS
1400 NW 10th Ave., PH#3
Miami, Florida 33136

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



Max A. Adams
Date: October 2, 2009

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