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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

NATIONAL DERMATOLOGY HEALTHCARE, L.L.C.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

Audit Fax No: H090002196973

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **NATIONAL DERMATOLOGY
HEALTHCARE, L.L.C.**

ARTICLE II - Addresses:

The mailing address of the Limited Liability Company is:

P.O. Box 1309
Oldsmar, FL 34677

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

5807 Galleon Way
Tampa, FL 33615

ARTICLE III - Written Operating Agreement

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alan S. Gassman, Esq.
Name

1245 Court Street, Suite 102

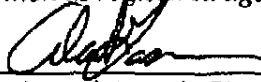
Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

City, State, and Zip

Audit Fax No: HD90002196973

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.

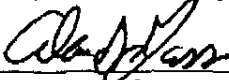


Registered Agent's Signature

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

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.)



Alan S. Gassman, Esq.

JAN\Norman, Robert\NATIONAL DERMATOLOGY HEALTHCARE, L.L.C\Articles of Org 1.wpd
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