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FLORIDA LIMITED LIABILITY CO.
VASCULAR VEIN CENTER OF HAINES CITY, PLLC

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**ARTICLES OF ORGANIZATION
OF
VASCULAR VEIN CENTER OF HAINES CITY, PLLC
A Florida Professional Limited Liability Company**

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**ARTICLE I
NAME**

The name of this professional limited liability company is **VASCULAR VEIN CENTER OF HAINES CITY, PLLC**, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The initial street address and mailing address of the principal office of the Company is as follows:

70 W. Gore Street, Suite 202
Orlando, FL 32806

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on July 1, 2010.

**ARTICLE IV
PURPOSE**

The Company is formed for the sole and specific purpose of rendering professional services in every phase and aspect of the practice of medicine; provided, however, that the Company may, in addition, invest its funds in real estate, mortgages, stocks, bonds, or any other type of investment, and may own real and personal property necessary for the rendering of such professional services.

**ARTICLE V
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

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**ARTICLE VI
MANAGEMENT**

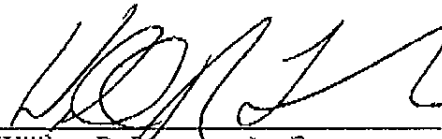
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The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager is as follows:

Samuel P. Martin, M.D.
70 W. Gore Street, Suite 202
Orlando, FL 32806

**ARTICLE VII
APPLICABLE LAW**


The Company is created pursuant to Chapters 608 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.


William R. Lowman, Jr., Esq., as
Authorized Representative

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


William R. Lowman, Jr., Esq.