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**L. SELLERS**  
JUL 30 2010  
**EXAMINER**

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

From: \_\_\_\_\_  
Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-6300  
Fax Number : (305) 381-9982

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FLORIDA LIMITED LIABILITY CO.**  
**MIAMI BEACH PLASTIC SURGERY CENTER AND MEDSPA, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF  
MIAMI BEACH PLASTIC SURGERY CENTER AND MEDSPA, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company (the "Company") is:  
  
MIAMI BEACH PLASTIC SURGERY CENTER AND MEDSPA, LLC

**ARTICLE II**

**Address**

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

333 Arthur Godfrey Road  
Suite 214  
Miami Beach, Florida 33140

**ARTICLE III**

**Registered Agent and Registered Office**

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

James I. Kramer  
890 South Dixie Highway  
Coral Gables, Florida 33146

Date: July 28, 2010

By:   
Leonard Tachmes, Authorized Representative

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
James I. Kramer, Registered Agent