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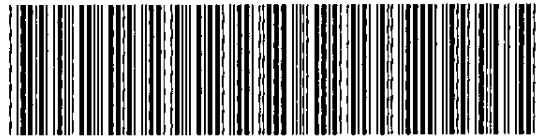
(Business Entity Name)

(Document Number)

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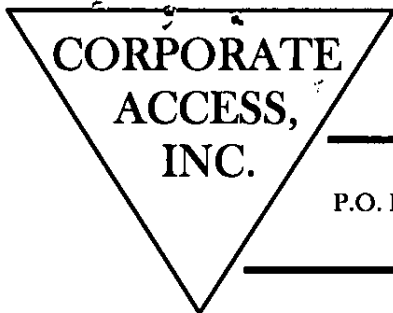
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LLC

1. Vein Specialists of Tampa, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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ARTICLES OF ORGANIZATION
OF
VEIN SPECIALISTS OF TAMPA, LLC

The undersigned hereby certifies that he is one of the Members who is forming a Limited Liability Company under Florida Statutes Chapter 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.
NAME

The name of the Limited Liability Company shall be Vein Specialists of Tampa, LLC.

ARTICLE 2.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of August 13, 2010.

ARTICLE 3.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 415 Magnolia Drive, Clearwater, Florida 33756.

ARTICLE 4.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

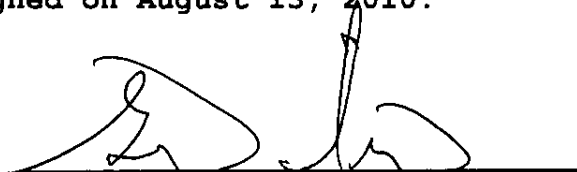
The address of the initial registered office of the Limited Liability Company is 415 Magnolia Drive, Clearwater, Florida 33756 and its initial registered agent at such address is Gary H. Dworkin, M.D.

ARTICLE 5.
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being one of the Members of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Vein Specialists of Tampa, LLC.

Executed by the undersigned on August 13, 2010.




Gary H. Dworkin, M.D.

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for Vein Specialists of Tampa, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 13th day of August, 2010.



Gary H. Dworkin, M.D.