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To:

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

From:

Account Name : GLAZIER & GLAZIER, P.A.
Account Number : I20050000141
Phone : (904) 997-1033
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FLORIDA LIMITED LIABILITY CO.
Complete Family Dental Providers, LLC

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DIVISION OF CORPORATIONS

T. HAMPTON
SEP -3 2010
EXAMINER

(((H10000196713 3)))

**ARTICLES OF ORGANIZATION
OF
COMPLETE FAMILY DENTAL PROVIDERS, LLC**

The undersigned organizer, who is a member of COMPLETE FAMILY DENTAL PROVIDERS, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is COMPLETE FAMILY DENTAL PROVIDERS, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 13241 Bartram Park Blvd., Bldg. 1700, Jacksonville, Florida 32258.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent is GLAZIER & GLAZIER, P.A. 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.

ARTICLE IV - MANAGEMENT

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

IN WITNESS WHEREOF, the undersigned organizer has executed the foregoing Articles of Organization on the 2 day of September, 2010.


RICHARD D. CARLSON, Organizer


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**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 618.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

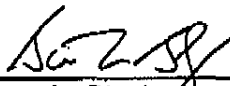
1. The name of the Limited Liability Company is **COMPLETE FAMILY DENTAL PROVIDERS, LLC.**
2. The name and the Florida street address of the registered agent and office is **GLAZIER & GLAZIER, P.A., 8825 Perimeter Park Boulevard, Suite 504, Jacksonville, Florida 32216.**

COMPLETE FAMILY DENTAL PROVIDERS, LLC


By: **RICHARD D. CARLSON**
An Authorized Representative

The undersigned, having been named as registered agent for the above named limited liability company, 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 its position as registered agent for **COMPLETE FAMILY DENTAL PROVIDERS, LLC** as provided for in Chapter 608, F.S.

GLAZIER & GLAZIER, P.A.

By: 
Name: **Scott L. Glazier**
Its: **Vice President**
Date: 9/2/10

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