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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
VASCULAR VEIN CENTER OF DAYTONA, PLLC

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March 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUFFIELD LOWMAN

SUBJECT: VASCULAR VEIN CENTER OF DAYTONA, PLLC
REF: W14000019338

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Teresa Brown
Regulatory Specialist II

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
VASCULAR VEIN CENTER OF DAYTONA, PLLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

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

**ARTICLE II
MAILING AND STREET ADDRESS**

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

1890 LPGA Blvd
Suite 250
Daytona Beach, FL 32117

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

1200 Edgewater Drive
Orlando, FL 32804

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

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**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.

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TALLAHASSEE, FLORIDA

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**ARTICLE V
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

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


**ARTICLE VI
MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

Title	Name and Address
Manager	Samuel P. Martin, M.D. 1100 East Washington Street Orlando, FL 32801

**ARTICLE VII
APPLICABLE LAW**

The Company is created pursuant to Chapters 605 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.



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

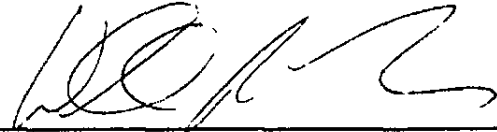
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**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, 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 605 of the Florida Statutes.



William R. Lowman, Jr., Esq.

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