

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: rlyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO.
Pinellas Dermatology, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
PINELLAS DERMATOLOGY, LLC**

ARTICLE I - NAME

The name of the limited liability company is Pinellas Dermatology, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
28 Sunset Bay Drive
Belleair, Florida 33756

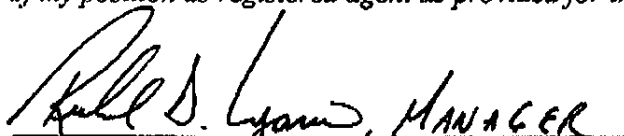
Mailing Address:
28 Sunset Bay Drive
Belleair, Florida 33756

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

L&L PARA, Ltd. Co.
27911 Crown Lake Boulevard, Suite 209
Bonita Springs, Florida 34135

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, F.S.


L&L PARA, Ltd. Co. **MANAGER**

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ARTICLE IV - MANAGERS OR MEMBERS

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

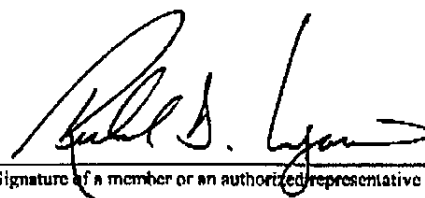
Title:

Name and Address:

Manager (MGR)

Christopher J. Ballard
28 Sunset Bay Drive
Belleair, Florida 33756

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard D. Lyons

Typed or printed name of signer