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LIMITED LIABILITY COMPANY

SOPHIA PARPIA, D.D.S., P.L.L.C.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION

SOPHIA PARPIA, D.D.S., P.L.L.C.
A Florida Professional Limited Liability Company

ARTICLE I
NAME AND PRIMARY PURPOSE

The name of this professional limited liability company is Sophia Parpia, D.D.S., P.L.L.C., referred to in these Articles of Organization as the "Company."

The sole and specific purpose for which this Company is organized is to engage in every phase and aspect of the business of rendering professional dentistry services to the public. The Company has and shall have as its members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional services.

ARTICLE II
MAILING AND STREET ADDRESS

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

687 Douglas Avenue
Altamonte Springs, Florida 32714.

ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on November 1, 1999, or, if later, at such time and date as is five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV
REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.
315 E. Robinson Street, Suite 600
Orlando, FL 32801

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ARTICLE V
APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

Sophia Parpia, D.D.S., Member

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CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional 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 "Sophia Parpia, D.D.S., P.L.L.C."

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

William R. Lowman, Jr., Esq.
315 E. Robinson Street, Suite 600,
Orlando, Florida 32801.

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 608 of the Florida Statutes.

William R. Lowman, Jr., Esq.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 2, 1999

ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE

,

SUBJECT: SOPHIA PARPIA, D.D.S., P.L.L.C.
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