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Certified Copies	Certificates of Status	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 795180 75	578406			
AUTHORIZATION : Somethicker	aan			
COST LIMIT : \$450.00				
ORDER DATE : May 5, 2021	. 289			
ORDER TIME : 9:06 AM	787 787 			
ORDER NO. : 795180-005				
CUSTOMER NO: 7578406	PH PH			
DOMESTIC AMENDMENT FILING  NAME: RETINA CARE SPECIALISTS LLP				
EFFECTIVE DATE: 05/10/2021				
_XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker EXT#				

EXAMINER'S INITIALS:

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Retina Care Specialists LLP  (Enter Name of Other Business Entit	<u>y)</u>
2. The "Other Business Entity" is alimited liability partnership	
(Enter entity type. Example: corporation, limited partnersh	ip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter s	tate, or if a non-U.S. entity, the name of the country)
July 16, 2007	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set	forth in the attached Articles of Organization:
Retina Care Specialists, PLLC	
(Enter Name of Florida Limited Liability Cor	npany)
4. If not effective on the date of filing, enter the effective date	May 10, 2021
(The effective date: Cannot be prior to date of receipt or fil the date this document is filed by the Florida Department ( Note: If the date inserted in this block does not meet the applicable statuto	ed date nor more than 90 calendar days after of State.)
document's effective date on the Department of State's records.	
document's effective date on the Department of State's records.	th all applicable statutes.
<ul> <li>document's effective date on the Department of State's records.</li> <li>5. The plan of conversion has been approved in accordance wi</li> <li>6. The "Converted or Other Business Entity" has agreed to pay at which such members are entitled under ss. 605.1006 and 605.</li> </ul>	ny members having appraisal rights the amount to
document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance wi 6. The "Converted or Other Business Entity" has agreed to pay a	ny members having appraisal rights the amount to 1061-605.1072, F.S.
document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance wi 6. The "Converted or Other Business Entity" has agreed to pay a	ny members having appraisal rights the amount to 1061-605.1072, F.S.
document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance wi 6. The "Converted or Other Business Entity" has agreed to pay a	ny members having appraisal rights the amount to
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document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance wi 6. The "Converted or Other Business Entity" has agreed to pay a	ny members having appraisal rights the amount to 1061-605.1072, F.S.

Signed this 4th day of May	20 21
Signature of Authorized Representative of Lin	
Signature of Authorized Representative: Printed Name; Philip W. Laird, M.D.	a .
Printed Name: Philip W. Lard, M.D.	File: President, Philip W. Laird, M.D., P.A.
	thie: (resident, rump w. Laird, M.D., P.A.
Signature(s) on behalf of Other Business Entity:	ISec below for required signaturous)
*/ / /	free person for reduced algumente(4))
Signature:	
Printed Name: Philip W. Laird, M.D.	Title: President, Philip W. Laird, M.D., P.A.
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Signature:	
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Signature: Printed Name:	Litte:
Signature: Printed Name:	Photo:
	( ine;
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer,
If Directors or Officers have not been selected, an hi	corporator must sign,
If Florida General Partnership or Limited Liabil	its: Purtnership.
Signature of one General Partner.	cy ratelici sings.
If Florida Limited Partnership or Limited Liabiti	ty Limited Partnership:
Signatures of ALL General Partners.	<del></del>
All religions	
All others: Signature of an authorized person,	
agnature vi an antikativen person,	
F <u>ees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization;	
Centified Copy;	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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# ARTICLES OF ORGANIZATION OF RETINA CARE SPECIALISTS, PLLC

(a Florida professional limited liability company)

The undersigned, in forming a Florida professional limited liability company under the Chapters 605 and 621 of the Florida Statutes, hereby adopts the following Articles of Organization:

#### **ARTICLE I. NAME**

The name of the limited liability company is "Retina Care Specialists, PLLC" (hereinafter, the "Company").

#### ARTICLE II. MAILING AND PRINCIPAL ADDRESS

The principal and mailing address of the Company is 3399 PGA Boulevard, Suite 350, Palm Beach Gardens, FL 33410.

#### **ARTICLE III. AUTHORIZED PERSONS**

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#### ARTICLE IV. REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the Company's registered agent and its registered office are Philip W. Laird, M.D., 3309 PGA Boulevard, Suite 350, Palm Beach Gardens, Florida 33410

#### ARTICLE V. EFFECTIVE DATE

These Articles of Organization shall be effective as of May 10, 2021.

The undersigned Authorized Representative has executed these Articles of Organization on the  $4^{th}$  day of May, 2021.

ign: //

Print: Philip W. Laird, M.D.

Litle: Authorized Representative

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#### ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for Retina Care Specialists, PLLC at the place designated in Article IV of the foregoing Articles of Organization, Philip W. Laird, M.D. hereby accepts the appointment as registered agent, agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties. Philip W. Laird, M.D. is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.

hilib W. Laird, M.D

Date: May 4, 2023

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permit