

L020000013346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

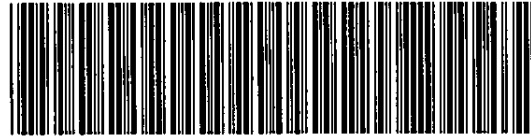
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 09 2014

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dental Practice Management, LLC

Name of Florida Limited Liability Company

The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Michelle Izzo

Contact Person

Baritz & Colman LLP

Firm/Company

1075 Broken Sound Parkway NW #102

Address

Boca Raton, FL 33487

City, State and Zip Code

tlcdental@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Izzo

Name of Contact Person

at **(561) 864-5100**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Articles of Conversion

For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

This Certificate of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Dental Practice Management, LLC L02000013346
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Dental Practice Management, LLC
Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **limited liability company**
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of **Delaware**
(Enter state, or if a non-U.S. entity, the name of the country)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: **January 1, 2014**
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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TALLAHASSEE FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

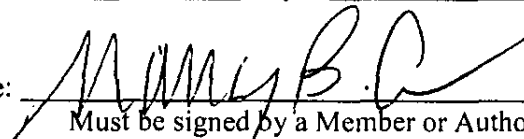
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 15 Saranac RD, Sea Ranch Lakes, FL 33308

Mailing Address: c/o Baritz & Colman LLP
1075 Broken Sound Pkwy, NW # 102 Boca Raton, FL 33487

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1st day of January, 2014

Signature: 
Must be signed by a Member or Authorized Representative.

Printed Name: Nancy B. Colman Title: Attorney/Auth. Rep

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA