

L02000024196

September 2, 2002

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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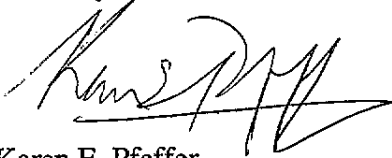
To Whom It May Concern:

Enclosed please find:

- Articles of Organization for Health Transitions, LLC
- A Certificate of Conversion to change Health Transitions, Ltd, a limited liability partnership to Health Transitions, LLC, a limited liability company.
- A check payable for Florida Department of State in the amount of \$155

Thank You!

Sincerely,



Karen E. Pfeffer
505 Loretto Avenue
Coral Gables, FL 33146
Phone: 305-663-1083
Fax: 305-665-0306

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

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SECRETARY OF STATE
FLORIDA

FIRST: The name of the unincorporated business immediately prior to filing this document was:

Health Transitions, Ltd

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: May 1, 2001
B. Jurisdiction: Florida
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: N/A

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

Health Transitions, LLC

Karen E. Pfeffer

Signature of a Member or an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Karen E. Pfeffer

Typed or Printed Name of Signee

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization ✓
\$ 25.00 Filing Fee for Registered Agent Designation
\$ 25.00 Filing Fee for Certificate of Conversion ✓
\$ 30.00 Certified Copy (optional) ✓
\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
Health Transitions, LLC

ARTICLE II – Address:

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

505 Loretto Avenue
Coral Gables, FL 33146

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Karen E. Pfeffer
505 Loretto Avenue
Coral Gables, FL 33146

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TALLAHASSEE, FLORIDA

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, F.S.


Registered Agent's Signature

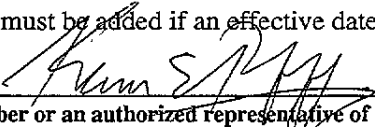
ARTICLE IV – Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

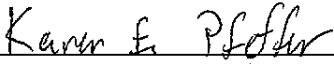
ARTICLE V – This is a member-managed company. The name and address of the managing member is:

Karen E. Pfeffer
505 Loretto Avenue
Coral Gables, FL 33146

(An additional article must be added if an effective date is requested)


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)