

LO90000018178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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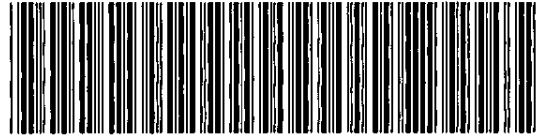
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 FEB 23 AM 10:15  
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 24 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 9019377 9029A

AUTHORIZATION : *Spurlockman*

COST LIMIT : \$ 180.00

ORDER DATE : February 23, 2009

ORDER TIME : 4:10 PM

ORDER NO. : 901937-010

CUSTOMER NO: 9029A

FILED  
09 FEB 23 AM 10:15  
TALLAHASSEE, FLORIDA

*file second*

DOMESTIC AMENDMENT FILING

NAME: SOUTH FLORIDA ENDODONTICS

X CERTIFICATE OF CONVERSION/ART OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

FILED  
09 FEB 23 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SOUTH FLORIDA ENDODONTICS

GP 09 0000 0246

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a General Partnership.

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on August 2, 1999 and the conversion was approved by the Other Business Entity in accordance  
(Enter date "Other Business Entity" was first organized, formed or incorporated)  
with Chapter 620, Part II, Florida Statutes.

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

SOUTH FLORIDA ENDODONTICS, P.L. with a principal office address of 2500 N. University Drive,

(Enter Name of Florida Limited Liability Company)

Suite 12, Sunrise, Florida 33322.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

(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 listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 19th day of February 2009.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: [Signature]  
Printed Name: Sy Weiner, D.D.S., P.A. Title: Member

by Sy Weiner, D.D.S., President

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: [Signature]  
Printed Name: Sy Weiner, D.D.S., P.A. Title: General Partner

by Sy Weiner, D.D.S., President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
09 FEB 23 AM 10:15  
SECURITY STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
SOUTH FLORIDA ENDODONTICS, P.L.

ARTICLE I

NAME

The name of the Professional Limited Liability Company is: SOUTH FLORIDA  
ENDODONTICS, P.L.

ARTICLE II

PURPOSE

This Professional Limited Liability Company is organized for the following purposes:  
(1) To engage in the practice of dentistry as a professional limited liability company and to  
carry on services incident to the practice of dentistry.; and (2) To own property, enter into  
contracts, and to carry on any business necessary or incidental to the accomplishment or  
furtherance of the purposes and objects of this Professional Limited Liability Company. The  
practice of dentistry is the sole and exclusive professional service to be rendered by this  
Professional Limited Liability Company. The professional services of this Professional  
Limited Liability Company shall be carried out only through its members, officers,  
employees and agents, each of whom has been admitted to practice dentistry by the

Florida Department of Professional Regulation, and is duly authorized to practice dentistry in the State of Florida.

### ARTICLE III

#### PRINCIPAL OFFICE AND MAILING ADDRESS

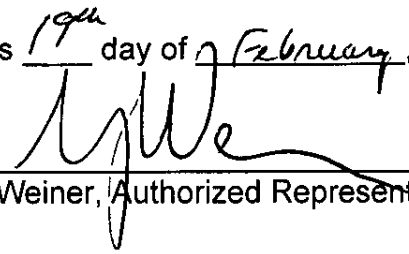
The mailing address and the street address of the principal address of the Professional Limited Liability Company is: 2500 N. University Drive, Suite 12, Sunrise Florida 33322-3009.

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of Professional Limited Liability Company is: Steven A. Weinberg. The street address of the initial registered office of the Professional Limited Liability Company in the State of Florida is: 7805 S.W. 6<sup>th</sup> Court, Plantation, Florida 33324.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization effective this 19<sup>th</sup> day of February, 2009.

  
\_\_\_\_\_  
Sy Weiner, Authorized Representative

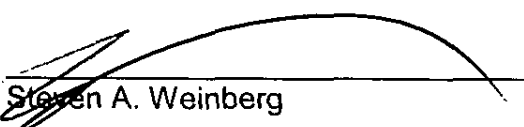
CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned professional limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: South Florida Endodontics, P.L.
2. The name and address of the registered agent and office is:

Steven A. Weinberg  
7805 S.W. 6<sup>th</sup> Court  
Plantation, Florida 33324

Having been named as registered agent and to accept service of process for the above-stated professional 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.

  
Steven A. Weinberg

  
(Date)