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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
10 JUL 16 AM 11:14

T. HAMPTON

JUL 19 2010

EXAMINER

GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES **†
KENNETH J. CROTTY ***
CHRISTOPHER J. DENICOLA ***

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL.M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

July 15, 2010
VIA UPS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

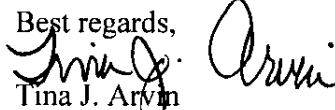
Enclosed for filing please find the following conversion documents:

1. Certificate of Conversion and Articles of Organization whereby TREVISANI ORAL SURGERY APOPKA, INC. (document # P05000166996) will convert into TREVISANI ORAL SURGERY APOPKA, P.L.C.;
2. Certificate of Conversion and Articles of Organization whereby TREVISANI ORAL SURGERY OVIEDO, INC. (document # P05000167022) will convert into TREVISANI ORAL SURGERY OVIEDO, P.L.C.;
3. Certificate of Conversion and Articles of Organization whereby TREVISANI ORAL SURGERY ORANGE CITY, INC. (document # P05000167013) will convert into TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.;

Also enclosed please find a check made payable to the Department of State in the amount of \$450.00 for filing fees (\$150.00 for each of the three conversion filings).

Please returned the filed documents to our office in the enclosed self-addressed, stamped envelope.

Please contact me or Julie Speakman of our office if you have any questions on the attached.

Best regards,

Tina J. Arvin
Paralegal for Alan S. Gassman

FL Department of State

July 15, 2010

Page 2

ASG:*tja

Enclosures

cc: Ronald Trevisani (w/ encl.)
Gregory L. Ashcraft, CPA (w/ encl.)

J:\T\Trevisani, Ronald\Sec. of State-Conversion Filing Letter.1b.wpd
6215-2

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DIVISION OF CORPORATIONS
10 JUL 16 AM 11:18

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

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:

TREVISANI ORAL SURGERY ORANGE CITY, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation.

(Enter entity type. Example: corporation, limited partnership, 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 December 27, 2005

1/2/2006

(Enter date "Other Business Entity" was first organized, formed or incorporated)

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**:

TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.

(Enter Name of Florida Limited Liability Company)

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 8th day of July 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: [Signature]
Printed Name: RONALD J. TREVISANI Title: MANAGER

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

Signature: [Signature]
Printed Name: RONALD J. TREVISANI Title: 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)

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DIVISION OF CORPORATIONS
10 JUL 16 AM 11:15

Audit Fax #: _____

ARTICLES OF ORGANIZATION
OF
TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.,
a Florida Professional Limited Liability Company

ARTICLE I
NAME

The name of this Professional Limited Liability Company is TREVISANI ORAL SURGERY ORANGE CITY, P.L.C. (the "Company").

ARTICLE II
ADDRESS

The mailing address of the Professional Limited Liability Company is:

511 Wekiva Commons Circle
Apopka, Florida 32712

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

2574 S. Volusia Avenue
Orange City, FL 32763

ARTICLE III
DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: _____
ARTICLES OF ORGANIZATION OF
TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.

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Audit Fax #: _____

ARTICLE IV MANAGEMENT

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

Ronald J. Trevisani
511 Wekiva Commons Circle
Apopka, Florida 32712

ARTICLE V ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: _____
ARTICLES OF ORGANIZATION OF
TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.


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**ARTICLE VI
NATURE OF BUSINESS**

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of oral surgery within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER
TREVISANI ORAL SURGERY ORANGE CITY,
P.L.C.

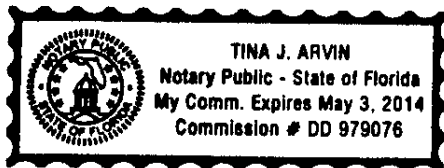


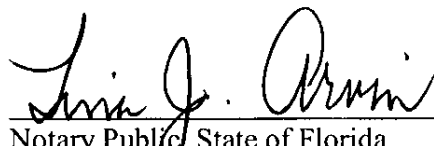
ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 9th day of July, 2010, by ALAN S. GASSMAN, as Authorized Representative of TREVISANI ORAL SURGERY ORANGE CITY, P.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.





Notary Public, State of Florida
My Commission Expires:

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: _____
ARTICLES OF ORGANIZATION OF
TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.

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DIVISION OF CORPORATIONS
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Audit Fax #: _____

ACCEPTANCE OF REGISTERED AGENT

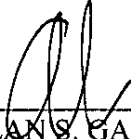
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire
1245 Court Street
Suite 102
Clearwater, FL 33756

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.


_____(SEAL)
ALAN S. GASSMAN

J:\T\Trevisani, Ronald\Trevisani Oral Surgery Orange City, P.L.C (converted from Inc.)\Articles of Organization.1.wpd
jas 5-27-10

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DIVISION OF CORPORATIONS
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Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: _____
ARTICLES OF ORGANIZATION OF
TREVISANI ORAL SURGERY ORANGE CITY, P.L.C.