

L15000082630

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FAMILY DENTISTRY ORMOND BEACH, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Interest Exchange and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory A. Johnston, D.D.S.

Name of Person

FLORIDA FAMILY DENTISTRY, P.A.

Firm/Company

4 Old Kings Rd. N. Suite A

Address

Palm Coast, FL 32137

City/State and Zip Code

gaj8008@yahoo.com

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

For further information concerning this matter, please call:

Gregory A. Johnston, D.D.S.

Name of Person

at (386) 445-1234

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Important Notice: Pursuant to s. 605.0212 (11), F.S., as a condition of an interest exchange between a limited liability company and another entity under s. 605.1031, the limited liability company and each other entity that is a party to the interest exchange which exists under the laws of this state, and each party to the interest exchange which exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of interest exchange are submitted to the department for filing.

ARTICLES OF INTEREST EXCHANGE

Pursuant to section 605.1035, Florida Statutes, I hereby submit the following Articles of Interest Exchange:

FIRST: The name of the acquired limited liability company is:

FLORIDA FAMILY DENTISTRY ORMOND BEACH, LLC

The document number of the acquired entity is: L15000082630

SECOND: The name of the acquiring entity is: FLORIDA FAMILY DENTISTRY, P.A.

The jurisdiction of formation of the acquiring entity is: FLAGLER COUNTY, FLORIDA

If applicable, the document number of the acquiring entity is: P97000090269

The acquiring entity is a: CORPORATION

(entity type: corp, llc, lp etc.)

THIRD: The plan of interest exchange was approved by the acquired limited liability entity in accordance with the provisions of ss. 605.1031-605.1036 and by each member of such limited liability company who, as a result of the interest exchange, will have interest holder liability under s. 605.1033(1)(b) and whose approval is required.

FOURTH: The amendments, if any, to the acquired limited liability company's public organic record approved as part of the plan of interest exchange are attached.

(Check One)

- FIFTH: ☐ The plan of interest exchange was approved by each acquiring entity that is a party to the interest exchange in accordance with the organic laws in its jurisdiction of formation, or
☒ The plan of interest exchange approval was not required

SIXTH: The acquiring entity has agreed to pay to any members of the acquired entity with appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072.

SEVENTH: The effective date of the interest exchange, if the effective date of the interest exchange is not the same as the date of filing of the articles of interest exchange, subject to the limitations in s. 605.0207 is

DECEMBER 16, 2016

(Effective date cannot be prior to the date of filing or more than 90 days after the date of filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of Authorized person-Acquired LLC

Signature of Authorized person- Acquiring Entity

GREGORY A. JOHNSTON, D.D.S. / MGR.

Typed or printed name of signature

GREGORY A. JOHNSTON, D.D.S. /PRES.

Typed or printed name of signature

Filing Fee: \$25.00
Certified copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA