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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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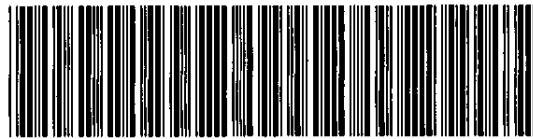
(Business Entity Name)

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June 27, 2016 Rita

Jay Koenigsberg, P.A.

Requestor's Name

1200 Brickell Ave Ste 1900

Address

Miami FL 33131

City

State

ZIP

Phone

(305) 569-0600

CORPORATION(S) NAME

Clinical Pharmacology of Miami, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Other Conversion

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

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

The Articles 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 §605.1045, Florida Statutes.

1. The name of the "Other Business Entity immediate prior to the filing of the Articles of Conversion is **CLINICAL PHARMACOLOGY OF MIAMI, INC.**

POL-104340

2. The "Other Business Entity" is a Corporation. First organized, formed or incorporated under the laws of the State of Florida on August 9, 2006.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: **CLINICAL PHARMACOLOGY OF MIAMI, LLC.**

4. If not effective on the date of filing, enter the effective date: _____, 2016

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 17th day of June, 2016.

Signature of Authorized Representative of Limited Liability Company:

Clinical Pharmacology of Miami, LLC

BY: Stacy Dilzer
Stacy Dilzer, Manager

Signatures(s) on behalf of Other Business Entity:

Clinical Pharmacology of Miami, Inc.

BY: Stacy Dilzer
Stacy Dilzer, President

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**ARTICLES OF ORGANIZATION
OF
CLINICAL PHARMACOLOGY OF MIAMI, LLC**

ARTICLE I

NAME

The name of the limited liability company shall be CLINICAL PHARMACOLOGY OF MIAMI, LLC.

ARTICLE II

MAILING AND STREET ADDRESS

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

Principal Office Address:

550 West 84th Street
Hialeah, Florida 33014

Mailing Address:

550 West 84th Street
Hialeah, Florida 33014

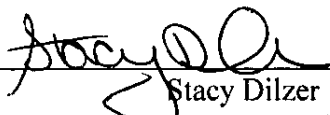
ARTICLE III

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the initial registered office of the limited liability company is:

Stacy Dilzer
550 West 84th Street
Hialeah, Florida 33014

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 605,


Stacy Dilzer

Registered Agent's Signature

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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Manager: Stacy Dilzer
550 West 84th Street
Hialeah, Florida 33014

Manager: E.C. Shamblen
550 West 84th Street
Hialeah, Florida 33014

Manager: Kenneth Lasseter, MD
550 West 84th Street
Hialeah, Florida 33014

ARTICLE V

EFFECTIVE DATE

The effective date, if other than the date of filing _____



Stacy Dilzer, Manager

*This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S*

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