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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

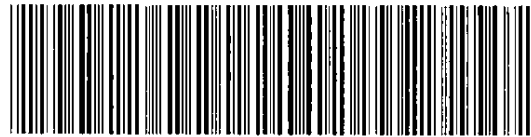
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

SOUTH DADE PRIMARY CARE

(Corporation Name)

(Conversion)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

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☒ Walk in

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☒ Pick up time 2:00

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☐ Photocopy

☐ Certified copy

☒ Certificate of Status

**CERTIFICATE OF CONVERSION
FOR
FLORIDA PARTNERSHIP
INTO
FLORIDA LIMITED LIABILITY COMPANY**

This Certificate of Conversion is submitted to convert the following Florida Partnership into a Florida Limited Liability Company in accordance with §620.8914 of the Florida Statutes (the "Conversion").

1. The name of the Florida Partnership converting into the Florida Limited Liability Company is South Dade Primary Care. **GP7-713**
2. The name of the Florida Limited Liability Company is South Dade Primary Care, LLC.
3. The Florida Limited Liability Company is a limited liability company organized under the laws of the state of Florida.
4. The above referenced Florida Partnership has converted into a limited liability company in compliance with Chapter 620 of the Florida Statutes, and the conversion complies with the applicable laws governing the Florida Limited Liability Company.
5. The plan of conversion has been approved by the Florida Partnership and all of its partners in accordance with Chapter 620 of the Florida Statutes, and as required pursuant to the Florida Revised Uniform Partnership Act.
6. The Florida Limited Liability Company shall pay any members with appraisal rights the amount, to which members are entitled under Section 605.1066 and Sections 605.1061-605.1072, of the Florida Statutes.
7. The Florida Limited Liability Company is a domestic filing entity and has attached the text of its organic record hereto as Annex A.
8. The Conversion shall become effective as of the time of the Florida Limited Liability Company's filing of the Certificate of Conversion with the Department of State, which filing has occurred as of the date hereof.

[Signature page follows]

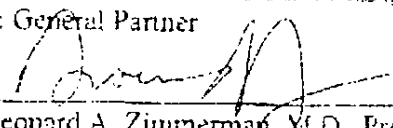
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IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting General Partnership has executed this Certificate on the 16 day of June, 2017.


COMPANY:

SOUTH DADE PRIMARY CARE, a Florida General Partnership

LEONARD A. ZIMMERMAN, M.D., P.A.,
Title: General Partner

By: 
Leonard A. Zimmerman, M.D., President

MARK A. ZAGER, M.D., INC.,
Title: General Partner

By: 
Mark A. Zager, M.D., President

RAMON LEON, M.D., LLC,
Title: General Partner

By: 
Ramon Leon, M.D., Managing Member

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ANNEX A

Articles of Organization

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE-I Name:

The name of the Limited Liability Company is:

South Dade Primary Care, LLC.

ARTICLE-II Address:

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

| Principal Office Address | Mailing Address |
|---|---|
| 7540 SW 61 st Avenue South Miami, Florida 33145 | Leonard A. Zimmerman, M.D. Leonard A. Zimmerman, M.D., P.A. 7540 SW 61 st Avenue South Miami, Florida 33145 |

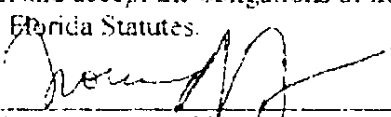
ARTICLE-III Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| |
|---------------------------------|
| Leonard Zimmerman |
| 7540 SW 61 st Street |
| South Miami, Florida 33145 |

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, Florida Statutes.


Registered Agent's Signature (REQUIRED)

ARTICLE-IV

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

| Title | Name | Address |
|----------------|----------------------------|---|
| Member-Manager | Leonard A. Zimmerman, M.D. | 7540 SW 61 st Avenue South Miami, Florida 33145 |
| Member-Manager | Mark A. Zager, M.D. | [.] |
| Member-Manager | Ramon Leon, M.D. | [.] |

SIGNATURE



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

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 section 817.155, Florida Statutes.

Ramon Leon

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA