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JAMES A. FARRELL
BOARD CERTIFIED IN HEALTH LAW
Shutts & Bowen LLP
1100 CityPlace Tower
525 Okeechobee Boulevard
West Palm Beach, Florida 33401
DIRECT (561) 650-8539
FAX (561) 822-5539
EMAIL jfarrell@shutts.com

September 14, 2017

#### **VIA FEDEX**

New Filing Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: Qualcare Medical Group, Inc.

Dear Sir or Madam:

Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Qualcare Medical Group, Inc., together with Articles of Organization for Florida Limited Liability Company for QMG, LLC are enclosed. Also enclosed is our check in the amount of \$150.00 in payment of the filing fees for the Articles of Conversion (\$25.00) and the Articles of Organization (\$125.00).

If you have any questions or need any additional information, please call me.

Sincerely,

Shutts & Bowen LLP

James A. Farrell

Enclosures

### **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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  QUALCARE MEDICAL GROUP, 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
10-09-1996 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
QMG, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 14 day of September	2017
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Mark & Mark	Title: Manager
Signature(s) on behalf of Omer Business E	intity:  See below for required signature(s)
Signature:	
Printed Name: Mark Grnja	Title: Director
Si	
Signature:	Title:
Trimed runie.	ride.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
rinted Name.	Title:
Signature:	
Printed Name:	Title:
If Florida Companyalism	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direction	eter or Officer
If Directors or Officers have not been selecte	
	-,
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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0.10.11.0		
QMG, LLC	.imited Liability Company, "L.L.C.," or "LLC.")	
(Must contain the words )	Jimiled Liability Company, Li.E.C., or ESC. 7	
ARTICLE II - Address:		
The mailing address and street addre	ess of the principal office of the Limited Liability Co	mpa
Deinsinal Office Address	MG-212- m A d-Justina	
Principal Office Address:	Mailing Address:	
210 S. Federal Highway	210 S. Federal Highway	
2nd Floor	2nd Floor	
Hollywood, FL 33020	Hollywood, FL 33020	
The name and the Florida street addi	ress of the registered agent are:	
The Limited Liability Company cannot serve as business entity with an active Florida registration	Registered Office, & Registered Agent's Signature is to som Registered Agent. You must designate an individual or another.	ner
The name and the Florida street add	ress of the registered agent are:	
	•	
Mark Grnja		
	Name	
210 S. Federal High	hway, Second Floor	
	ddress (P.O. Box NOT acceptable)	
	<b>****</b>	
Hollywood	FL 33020	
C	City Zip	tated
C  Having been named as registered a liability company at the place de registered agent and agree to act in statutes relating to the proper que		ntme visio ar wi
Having been named as registered a liability company at the place diregistered agent and agree to act in statutes relating to the proper and accept the obligations of my bo	agent and to accept service of process for the above so lesignated in this certificate, I hereby accept the appoin In this capacity. I further agree to comply with the pro d complete performance of my duties, and I am familia	ntme visio ar wi
Having been named as registered a liability company at the place diregistered agent and agree to act in statutes relating to the proper and accept the obligations of my bo	agent and to accept service of process for the above solesignated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the produced complete performance of my duties, and I am familia sitionals registered agent as provided for in Chapter of the complete of the	ntme visio ar wi
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	We that Color
AMBR	Vladimir Grnja 210 S. Federal Highway, Second Floor
	Hollywood, FL 33020
MGR	Mark Gmja
	210 S. Federal Highway, Second Floor
	Hollywood, FL 33020
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	1-1

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605 203 (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 \$8.17.155 F.S.

as provided for in s.817.155, F.S.

Typed or printed pame of signee

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)