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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

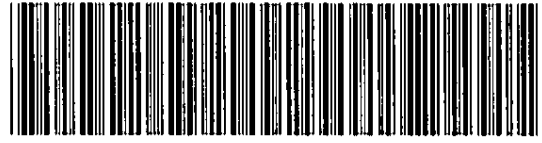
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/17--01031--005 **125.00

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TALLAHASSEE, FLORIDA

OCT 03 2017
T SCHROEDER

Dr. Suzanne Duncan MD LLC

Pain Diagnosis, Injury and Chronic Illness Rehabilitation Medicine

14508 Perdido Key Dr, Suite 2 Pensacola, FL 32507

Tel: 508-680-4864; Fax: 508-374-0088

DATE: July 18, 2017

To whom it may concern,

I am applying for a Florida Limited Liability Company. Enclosed please find my application and my check for \$125.00 for filing fee.

I am excited to be back in Florida, as I did research, conducted my medical training and residency, and received my master's while living in Miami, FL.

Please do not hesitate to contact me if I may be of further assistance and if you have further questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Suzanne', followed by a long horizontal line extending to the right.

Suzanne Duncan, MD

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:
Dr. Suzanne Duncan MD LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC / limited liability 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 Massachusetts
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/17/09
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Dr Suzanne Duncan MD LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: (day of filing)
(The effective date: 1) 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; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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.

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Signed this 18 day of July 2017.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Suzanne Duncan Title: Owner/Physician

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

Signature: [Signature]
Printed Name: Suzanne Duncan Title: Chairman/AMBR

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:

Articles 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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STATE OF FLORIDA
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Suzanne Duncan MD
14508 Perdido Key Dr. Suite 2
Pensacola, FL 32507

Robert Hardley
14508 Perdido Key Dr. Suite 2
Pensacola, FL 32507

(Use attachment if necessary)

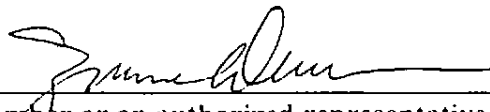
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.

ARTICLE VI: Other provisions, if any.

REQUIRED 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 s.817.155, F.S.

Suzanne Duncan

Typed or printed name 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)

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TALLAHASSEE, FLORIDA