



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Holistic Concierge Radiology Services, PLLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Anthony R. Paesano  
(Contact Person)  
Paesano Akkashian Apkarian, PC  
(Firm/Company)  
7457 Franklin Road, Suite 200  
(Address)  
Bloomfield Hills, MI 48301  
(City, State and Zip Code)  
macovski@paalawfirm.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Marina Acovski at ( 248 ) 792-6886  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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:  
Holistic Concierge Radiology Services, PLC

\_\_\_\_\_  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional limited liability company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Michigan  
(Enter state, or if a non-U.S. entity, the name of the country)

on December 19, 2012  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization**:

Holistic Concierge Radiology Services, PLLC

\_\_\_\_\_  
(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.

**FILED**  
18 AUG - 7 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 10th day of July 2018.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: *Dennis P. Vollman*  
Printed Name: Dennis Vollman, DO, FAOCR Title: Member

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

Signature: *Dennis P. Vollman*  
Printed Name: Dennis Vollman, DO, FAOCR Title: Member

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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18 AUG - 7 AM 10: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Holistic Concierge Radiology Services, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "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:**

202 Osceola Way

Palm Beach, FL 33480

202 Osceola Way

Palm Beach, FL 33480

**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:

Dennis Vollman, DO, FAOCR

Name

202 Osceola Way

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach

City

FL 33480

Zip

*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, F.S..*

*Dennis P. Vollman, DO, FAOCR*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**18 AUG - 7 AM 10: 07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

**Name and Address:**

Dennis Vollman

202 Osceola Way

Palm Beach, FL 33480

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

Providing concierge radiology services to medical practitioners  
seeking secondary or confirmation reviews.

**REQUIRED SIGNATURE:**

*Dennis P Vollman MGR*

**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.

Dennis Vollman, DO, FAOCR

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**