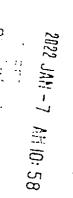
L2200000 6057

(R	lequestor's Name)
(Ä	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	Business Entity Name)
(D	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 01/06/2022
	Acc#120160000072
Name:	Lake Worth ASC, Inc.
Document #:	
Order #:	14071403
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs: Certified: Plain:
	COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 150.00

Thank you!

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Lake Worth ASC, Inc.
_	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a corporation P000000 36516
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	Florida
	rst organized, formed or incorporated under the laws of
OI.	04/11/2000
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Lake Worth ASC, LLC
	(Enter Name of Florida Limited Liability Company)
(1 th <u>No</u>	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.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the recument'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 tl	nis <u>30 </u>	day of	December	20_21
				ted Liability Company:
C:	C. A da sani	rad Damoran	ntative: <u> </u>	- Z Z 1
Signatur Driotad N	e of Authori James – Mar	k I - Onigley	itative.	Title: Chief/Executive Officer
rimedr	vanieiviai	K to Quigits		
Signatur	e(s) on beha	alf of Other 1	Business Entity:	[See below for required signature(s)]
			1	
Signature	:: <u>///</u>	RU CX		Title: Chief Executive Officer
Printed N	lame: <u>Mark</u>	L. Quigley $ u$		Title: Chief Executive Officer
Sionatur	••			
Printed 8	Same:			Title:
			<u> </u>	
Signature	2:			
Printed N	Vame:			Title:
e:				
Daimay 2 216marma	u:			Title:
rimear	vame			
Signatur	u:			
Printed N	Name:			Title:
C:				
Signature	dama:			Title:
rimear	vame			
<u>If Florid</u>	la Corpor <u>at</u>	ion:		
			man, Director, or	
If Direct	ors or Office	rs have not be	een selected, an In	corporator must sign.
If Florid	la Conoral I	Partnershin a	r Limited Lia <u>bil</u> i	ty Partnershin:
		eral Partner.	7 - 1711111CCC 1231C171C	11 11 11 11 11 11 11 11 11 11 11 11 11
_				
				ty Limited Partnership:
Signatur	es of <u>ALL</u> C	ieneral Partne	rs.	
All othe	re ·			
		orized person.		
		•		
Fees:				
,	Articles of C	lonversion:		\$25.00
į	ees for Floi	ida Articles o	of Organization:	\$125.00
	Certified Co		_	\$30.00 (Optional)
(Certificate o	f Status:		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i		
Lake Worth A	SC, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.")	_
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability C	Company is
Principal Office Address:	Mailing Address:	
6091 South Pointe Blvd.	6091 South Pointe Blvd.	
Fort Myers Florida 33919	Fort Myers Florida 33919	- -
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signat gistered Agent. You must designate an individual or an	t ure: .other
The name and the Florida street address of the	e registered agent are:	2022
C T Corporation System		₩
Nar	ne HA	2022 JAN -7
1200 South Pine Island Roa	ad Social States	3 17
Florida street address (P.	O. Box NOT acceptable)	
Plantation	FL 33324	FM :: 47
City	Zin	~

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..

By: C T Corporation System David Westcott

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	DT	10	I L	W
12	15. 1			

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

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Florida Eye Health Subsidiary Holdings, LLC 6091 South Pointe Blvd.
	Fort Myers, Florida 33919
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Mazz	
	an authorized representative of a member

Mark L. Quigley

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)