L22000398449

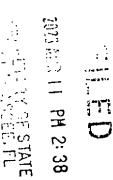
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01.17.21-01931-011 *425.00





March 21, 2023

HEATHER ALLEN, LEGAL DEPARTMENT PACIFIC DENTAL SERVICES, LLC 17000 RED HILL AVENUE IRVINE, CA 92610

SUBJECT: SOUTH FLORIDA PERIODONTAL SPECIALTY SUPPORT

SERVICES, LLC

Ref. Number: L22000398449

We have received your document for SOUTH FLORIDA PERIODONTAL SPECIALTY SUPPORT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must contain the street and mailing address of an office that the Florida Dept. of State may use for purposes of s.48.181, F.S.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 023A00006529

Neysa Culligan Regulatory Specialist III

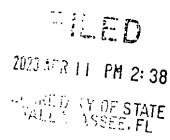
www.sunbiz.org

COVER LETTER

TO: Registration Division of C				
SUBJECT: South Fl	orida Periodontal Specialty	Support Services, LLC		
	Name of Florida	Limited Liability Compar	ny	
		ee(s) are submitted to er Business Entity'' in s		
Please return all cor	respondence concernir	ng this matter to:		
Heather Allen, Legal D	epartment			
	Contact Person			
Pacific Dental Services	. LLC			
	Firm/Company			
17000 Red Hill Avenue				
	Address			
Irvine, CA 92610		<u> </u>		
	City. State and Zip Code			
rodriguezt@pacden.cor	n			
E-mail address: (10	be used for future annual	report notification)		
For further informat	ion concerning this ma	itter, please call:		
Heather Allen		ai (⁷¹⁴) 734	-2184	
Name of Contact I	Name of Contact Person		-2184 etime Telephone Number	
Enclosed is a check	for the following amo	unt:		
S25.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	S60.00 Filing Fee. Certified Copy, and Certificate of Status	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corpora P.O. Box 6327	tions	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 323	14		nroe Street. Suite 810	
		Tallahassee.	FL 32303	

CR2E106 (05/17)

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045.

Florida Statutes.
1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
South Florida Periodontal Specialty Support Services, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
South Florida Periodonial Specialty Support Services, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the name of the country The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
October 31, 2022

<u>Note:</u> 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.

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the

5. This conversion shall be effective in Florida on:

"Other Business Entity.")

6.	If the	"Convert	ed or Other	Business	Entity	is an ou	t-of-state	entity no	ot registered	to
	transac	t business	s in Florida,	the "Con	verted or	r Other	Business	Entity":		

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street	Address:	17000	RED	HILL	AVG.	
		IRVINE	CA	9261	Ч	
Mailin	g Address:	17000	RED	HILL	WE.	
		12VIN	5 CA	9261	<u>ų</u>	
app	"Converted or raisal rights the 605.1061-605.	Other Busines amount to wh	s Entity" ha	s agreed to p	ay any membe	
Signed	this 22nd	day of	November			. 20
Signati	ure:	<u> </u>	ened by a Mem	Ol V	Representative	
Printed	Name: Cara Ca	ivanaugh	Tit	Authorized	Representative	
Fees:	Filing Fee: Certified Copy Certificate of S		\$25.00 \$30.00 (O _J \$5.00 (Opt			202 34

Page 2 of 2

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