

L22000398449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

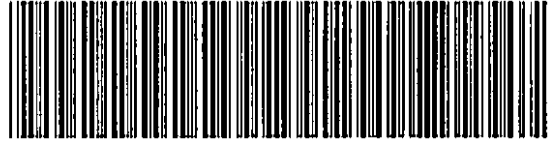
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 MAR 11 PM 2:38  
COUNTY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 023A00006529

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Periodontal Specialty Support Services, LLC  
Name of Florida Limited Liability Company

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

Please return all correspondence concerning this matter to:

Heather Allen, Legal Department

Contact Person

Pacific Dental Services, LLC

Firm/Company

17000 Red Hill Avenue

Address

Irvine, CA 92610

City, State and Zip Code

rodriguez@pacden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Allen

at ( 714 ) 734-2184

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee and Certificate of Status
- \$55.00 Filing Fee and Certified Copy
- \$60.00 Filing Fee, Certified Copy, and Certificate of Status

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**  
2023 APR 11 PM 2:38  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

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 Periodontal 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.

5. This conversion shall be effective in Florida on: October 31, 2022  
(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 "Other Business Entity.")

**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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or 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 AVE.

IRVINE, CA 92614

Mailing Address: 17000 RED HILL AVE.

IRVINE, CA 92614

7. 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 22nd day of November, 2022

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Cara Cavanaugh Title: Authorized Representative

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

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TALLAHASSEE, FL