

L24000051687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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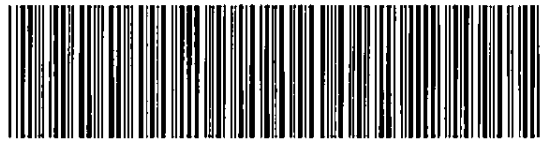
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Conversion

A Butler  
04/02/2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OptiMed Healthcare Partners, L.L.C.  
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:

Ted Rafferty  
Contact Person  
OptiMed Pharmacy  
Firm/Company  
2523 Lomond Dr.  
Address  
Kalamazoo, MI 49008  
City, State and Zip Code  
trafferty@optimedhp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ted Rafferty at ( 269 ) 348-2269  
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

CR2E106 (05/17)

Previously filed document # L24000051687

SECRETARY OF STATE  
TALLAHASSEE, FL

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**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:

OptiMed Healthcare Partners LLC.  
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

OptiMed Healthcare Partners LLC.  
Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a foreign LLC  
(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 Michigan  
(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: 1/31/2024  
(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.

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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: 6480 Technology Ave Ste A  
Kalamazoo, MI 49009

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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 7<sup>th</sup> day of February, 20 24

Signature: 

Must be signed by a Member or Authorized Representative

Printed Name: Tad Roberts Title: Authorized Agent

|              |                        |                    |
|--------------|------------------------|--------------------|
| <b>Fees:</b> | Filing Fee:            | \$25.00            |
|              | Certified Copy:        | \$30.00 (Optional) |
|              | Certificate of Status: | \$5.00 (Optional)  |