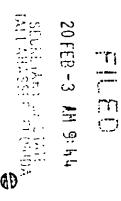
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u></u>
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Su	siness Entity Nar	ne)
(Do	curnent Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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CT CORP

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

2/3/2020

D	Date: 2/3/2020
	Acc#120160000072
Name:	LEON HEALTH 1, LLC
Document #:	
Order #:	12639059 - 28
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75

Thank you!

COVER LETTER

Division of			
SUBJECT: Leon Hea			
	Name of Florid	la Profit Corporation	
			tted to convert a Florida lance with s. 607.1113, F.S.
Please return all cor	respondence concernin	g this matter to:	
Briana O'Neill			
	Contact Person		
Polsinelli PC			
	Firm/Company		
2950 N. Harwood St., S	Suite 2100		
	Address		
Dallas, TX 75201			
	City, State and Zip Code		
Carlos.Junco@leonmed	licalcenters.com		
E-mail address: (to	be used for future annual	report notification)	
For further informat	tion concerning this ma	atter, please call:	
Briana O'Neill		214 at (661-5573
Name of Co	ntact Person	Area Code and	d Daytime Telephone Number
Enclosed is a check	for the following amo	unt:	
☐ \$ 35.00 Filing Fee	☐ \$43.75 Filing Fee and Certificate of Status	\$43.75 Filing and Certified Cop	
Mailing Address Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Divisio The Ce	ddress: ment Section on of Corporations on tre of Tallahassee of Monroe Street, Suite 810
			Tallahassee, FL 32303

Certificate of Conversion For Florida Profit Corporation Into "Other Business Entity"

This Certificate of Conversion is submitted to convert the following Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, Florida Statutes.

1. The name of the Florida Profit Corporation converting into the "Other Entity" is:	Business	20 FEB
Leon Health, Inc.	23 Table 23	<u></u>
Enter Name of Florida Profit Corporation	715)- -X
2. The name of the "Other Business Entity" is:	- 1 32 22	19:44
Leon Health I, LLC	Ah 🗒	<i>-</i>
Enter Name of "Other Business Entity"	dv-	
3. The "Other Business Entity" is a limited liability company		
(Enter entity type. Example: limited liability company, limited p general partnership, common law or business trust, etc.),
organized, formed or incorporated under the laws of	ry)	<u>.</u> .
4. The above referenced Florida Profit Corporation has converted into an Business Entity" in compliance with Chapter 607, F.S., and the conversion the applicable laws governing the "Other Business Entity."		with
5. The plan of conversion was approved by the converting Florida Profit accordance with Chapter 607, F.S.	Corporatio	n in
6. If applicable, the written consent of each shareholder who, as a result of conversion, is now a general partner of the surviving entity was obtained as 607.1112(6), F.S.		1
7. This conversion was effective under the laws governing the "Other Buston: February 4, 2020 at 12:01am ET on:	siness Enti	ty"

document is filed by	1) cannot be y the Florida	ve in Florida on: prior to nor more than 9 Department of State; AN on under the laws govern	D 2) must be t	ie date t	e as
	ness Entity's"	principal office address, if	any:		
8600 NW 41st Street					<u> </u>
Doral, FL 33166					
business in Florida,	the "Other Bu	·			_
proceeding to enforce any appraisal rights ess. 607.1301-607.13 b.) Lists the f	e obligations of of shareholder 33, Florida Sta following stree	cretary of State as its agent of the converting Florida p is of the converting Florida atutes. Et and mailing address of a surposes of s. 607.1114(4),	rofit corporation profit corporation office, which	n, includion unde	ling er
Street Address:	8600 NW 41s	t Street		Ess	2(
Mailing Address:	Doral, FL 331	66) FEE
	8600 NW 41s	t Street		17. The state of t	B -3
	Doral, FL 331	66		.11. 11.	H 9
		as agreed to pay any share e entitled under ss.607-130			# <u></u>
Signed this	_	Februaryday of	2	20	
Signature: (Must be signed by		Vice Chairman, Director d, an Incorporator.)	Officer, or, if	Directo	ors
Printed Name: Ann Mary Pardo		Title: SVP/CFO/	Treasurer/Assistan	t Secretar	У
Fees: Filing Fee: Certified Copy: Certificate of Status:		\$35.00 \$8.75 (Optional) \$8.75 (Optional)			

Page 2 of 2