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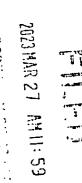
| (Re | questor's Name) | |
|---------------------------|----------------------|-----------|
| | | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name) | |
| (Do | cument Number) | |
| ed Copies | Certificates o | of Status |
| egal Instructions to Film | ng Officer: | |
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| | | |
| | | |
| | | |

Office Use Only



000405302220

S. CHATHADI





CT CORP

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

Date: ____ 03/27/2023

| D | Acc#120160000072 |
|--|---|
| | Acc#I20160000072 |
| Name: | VITREOUS AND RETINA CONSULTANTS, P.A. |
| Document #: | |
| Order #: | 14856326 - 1 |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: |
| Filing: | Certified: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 180.00 |

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: VITREOUS AND RETINA CONSULTANTS, P.A. |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| September 24, 1990 |
| (date of organization. formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| VITREOUS AND RETINA CONSULTANTS, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. 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.) 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. |
| 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. |
| 2023 HAR 27 |

| Signed this 24th day of March | 20_23 |
|--|--|
| Signature of Authorized Representative of Lin | nited Liability Company: |
| Signature of Authorized Representative: /s/ Dr. A Printed Name: Dr. Adam Berger | dam Berger Title: President |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: /s/ Dr. Adam Berger | |
| Signature: /s/ Dr. Adam Berger Printed Name: Dr. Adam Berger | Title: President |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| S: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o | r Officer |
| If Directors or Officers have not been selected, an I | |
| If Florida General Partnership or Limited Liabi Signature of one General Partner. | lity Partnership: |
| If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. | lity Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|---|
| The name of the Limited Liability Company i | is: | |
| | | |
| VITREOUS AND RETINA CONSULTANTS, LLC (Must contain the words "Limited Liabi | | |
| (Must contain the words Tamited Liabi | mity Company. D.D.C., or D.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: | |
| 250 AVENUE K. SOUTHWEST | 250 AVENUE K, SOUTHWEST | |
| SUITE 200 | SUITE 200 | - |
| WINTER HAVEN, FL 33880 | WINTER HAVEN, FL 33880 | - |
| business entity with an active Florida registration.) The name and the Florida street address of the Dr. Adam Berger | e registered agent are: | |
| Nar | me | |
| SECULATION OF THE PROPERTY OF | ο -: ⁽³⁾ | 2023 |
| 250 AVENUE K, SOUTHWE Florida street address (P. | O. Box NOT acceptable) | 量型 |
| WINTER HAVEN | FL 33880 | [] [] [] [] [] [] [] [] [] [] |
| City | Zip | |
| registered agent and agree to act in this capa statutes relating to the proper and complete | l in this certificate. Thereby accept the app acity. I further agree to comply with the p | oin um ent as rovisions of all liar with and |
| /s/ Dr. Adam Berger | | |
| Registered Agent's Si | ignature (REQUIRED) | |
| (CONTI | INUED) | |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|--|--|-------------|---|
| "MGR" = Manager | | | |
| | | _ | |
| | | _ | |
| | | _ | |
| | | _ | |
| | | _ | |
| | | _ | |
| (Use attachment if necessary) | | | |
| | | _ | |
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| | w Lin | 20% | |
| • | | 2023 HAR 27 | |
| | | AR 2 | |
| ICLE V: Other provisions, if any. | | <u></u> | |
| | The state of the s | - | _ |
| | | <u>:</u> | _ |
| REQUIRED SIGNATURE: | 101 | 9 | |
| | | | |
| /s/ Dr. Adam Berger | | _ | |
| | n authorized representative of a member | | |

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)

Typed or printed name of signee