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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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2008 APR -8 A II: 40 SECRETARY OF STATE

A. LUNT

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EXAMINER

HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202-5059

H. LEON HOLBROOK (1926-2005)

TELEPHONE (904) 356-6311 FACSIMILE (904) 356-7330

EDWARD C. AKEL
KATHLEEN HOLBROOK COLD
DANIEL D. AKEL
H. LEON HOLBROOK, III
JOHN R. STIEFEL, JR.
THOMAS R. RAY
BETHANY RAY REICHARD
HEATHER L. VISALI

JEFFREY T. TOTTY

March 25, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Associates for Psychological Medicine, TE Conversion to Associates for Psychological

Medicine. P.A.

Check in the amount of \$165

Dear Ladies and Gentlemen:

Enclosed are Certificate, Articles of Organization and fees submitted to convert an "Other Business Entity" into a "Florida Professional Association" in accordance with Section 608.439 of the Florida Statutes.

Enclosed is a check for the amount of \$165 for filing fees of \$35 for Conversion and \$130 for Articles of Organization.

Please advise us, in writing, of the approval and filing of these instruments and return acknowledgement copies to the undersigned.

Please advise us if you require anything further. Thank you for your assistance and cooperation.

Sincerely yours,

EDWARD C. AKEL

ECA/gp Enclosures

cc: Atul M. Shah, M.D.
Mr. Charles R. Wilson

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2008

HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202-5059

SUBJECT: ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, P.A.

Ref. Number: W08000016474

We have received your document for ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, P.A. and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please, call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 208A00012953 -8 A II:

FILED

#### CERTIFICATE OF CONVERSION

OF MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, P.A.

("Other Business Entity")

INTO

(a Florida Professional Limited Liability Company)

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Professional Limited Spility Company in accordance with s.608.439, Florida Statutes

ASSOCIATES FOR PSYCHOLOGICAL MEDICINE,

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, P.A.
- 2. The "Other Business Entity" is a professional corporation first organized, formed or incorporated under the laws of FLORIDA on October 31, 1990.
- 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: Not Applicable.
- 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, PLLC.
- 5. The effective date of this Certificate of Conversion is on filing.

SIGNED this If day of Japuary,

MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, P.A.

ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, PLLC

Shah, M.D.,

Its President

By

Atul M. Shah, M.D.

Its Manager

#### ARTICLES OF ORGANIZATION

OF

#### ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, PLLC

The undersigned, the authorized representative of a member, intending to form and create a Professional Limited Liability Company, as defined in Chapters 608 and 621 of the Florida Statutes, hereby files these Articles of Organization and states:

## ARTICLE I NAME AND ADDRESS

The name of the Limited Liability Company is ASSOCIATES FOR PSYCHOLOGICAL MEDICINE PLLC. The principal office address and mailing address is 1545 Huffingham Road, Jacksonville, Florida 32216.

## ARTICLE II REGISTERED AGENT AND OFFICE

The name and street address of the Limited Liability Company's initial registered agent and office is ATUL M. SHAH, M.D., 1545 Huffingham Road, Jacksonville, Florid 2216.

## ARTICLE III MANAGEMENT; MANAGER

The Limited Liability Company is to be a manager-managed company. The name and address of the managers who shall serve as managers until a successor is elected and duly qualified are:

Manager

Street Address and Mailing Address

ATUL M. SHAH, M.D.

1545 Huffingham Road Jacksonville, Florida 32216

# ARTICLE IV PURPOSE OF COMPANY

The purpose for which the company is formed is to engage in every phase and aspect of the business of rendering the same professional services to the public that a MEDICAL DOCTOR, duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through managers, employees and agents and, if any, officers, who are duly licensed or otherwise legally authorized to render such professional services within this State; to invest the funds of this professional limited liability company in real estate, mortgages, stocks, bonds, or any other type of investment, and to own real and personal property necessary for the rendering of such professional services; to do all and everything necessary and proper for the

accomplishment of any of the purposes or the attaining of any of the objects or the furtherance of any of the purposes enumerated in these Articles of Organization or any amendments thereof, and either alone or in association with other corporations, limited liability companies, entities, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes and objects of this professional limited liability company. The foregoing enumeration of objects and purposes shall not be held to limit or restrict in any manner the purposes of this corporation otherwise permitted by law and to engage in any lawful acts or activities under the law.

#### ARTICLE V EFFECTIVE DATE AND DURATION

The Company shall be effective on filing and shall have perpetual duration.

SIGNED by the undersigned member on January 14, 2008.

ATULM, SHAH, M.D.

## ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process as registered agent for the above stated limited liability company, at the place designated in the Articles of Organization of the professional limited liability company to which this is attached, I hereby accept the appointment as registered agent and I agree to act in this capacity, and agree to comply with the provision of said act relative to keeping open the registered office at the address below.

ATU M. SHAH, M.D 1545 Huffingham Road Jacksonville, Florida 32216

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