

L13000059866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

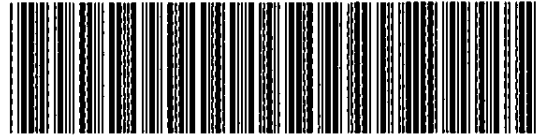
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DATE: <sup>23</sup> 4/22/13

NAME: BROAD ANESTHESIA ASSOCIATES, L.L.C.

TYPE OF FILING: CONVERSION

COST: 180.00

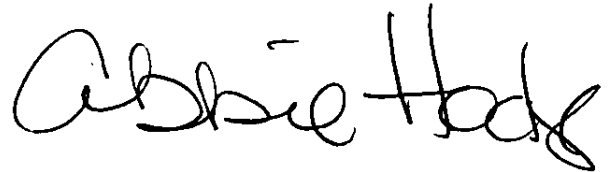
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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\* File Second \*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROAD ANESTHESIA ASSOCIATES, L.L.C.  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Sharon K. Gray  
(Contact Person)  
Triad Professional Services, LLC  
(Firm/Company)  
1720 Windward Concourse, Ste. 390  
(Address)  
Alpharetta, GA 30005  
(City, State and Zip Code)

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

For further information concerning this matter, please call:

Sharon K. Gray at ( 770 ) 777-2091  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CERTIFICATE OF CONVERSION  
for  
BROAD ANESTHESIA ASSOCIATES  
into  
BROAD ANESTHESIA ASSOCIATES, L.L.C.

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


1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is "**Broad Anesthesia Associates**".
2. The "Other Business Entity" is a general partnership formed under the laws of the State of Florida on April 19, 2013.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is "**Broad Anesthesia Associates, L.L.C.**".
4. This Certificate of Conversion is effective on the date of filing.
5. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, Florida Statutes in effecting the conversion.
6. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

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Signed this 22nd day of April, 2013.

**BROAD ANESTHESIA ASSOCIATES, L.L.C.**

By:   
Name: Harvey Plosker, M.D.  
Title: President

**BROAD ANESTHESIA ASSOCIATES**

By: Harvey Plosker, M.D., P.A., a General Partner

By:   
Name: Harvey Plosker, M.D.  
Title: Its President

ARTICLES OF ORGANIZATION  
For  
BROAD ANESTHESIA ASSOCIATES, L.L.C.  
a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is BROAD ANESTHESIA ASSOCIATES, L.L.C.

ARTICLE II

The street and mailing address of the principal office of the Limited Liability Company is:

501 Glades Road  
Boca Raton, FL 33432

ARTICLE III

The name and Florida street address of the registered agent is:

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.

NRAI Services, Inc.

By: 

Name and Title: Sharon K. Gray, Assistant Secretary

Signature of member or an authorized representative of a member:

BROAD ANESTHESIA ASSOCIATES, L.L.C.

By: 

Name: Harvey Plosker, M.D.  
Title: President

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