

A09000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900156296539

05/26/09--01009--017 **25.00

06/11/09--01007--001 **1027.00

FILED
09 JUN 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-24796
MAY 27 2009

J. BRYAN

JUN 19 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

MIKE ROZENBERG
NEUROBRAIN DIAGNOSTIC, LTD.
3475 SHERIDAN ST #215E
HOLLYWOOD, FL 33021

SUBJECT: NEUROBRAIN DIAGNOSTIC, LTD
Ref. Number: W09000024796

FILED
09 JUN 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NEUROBRAIN DIAGNOSTIC, LTD and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$1027.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00017777



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

MIKE ROZENBERG
NEUROBRAIN DIAGNOSTIC, LTD.
3475 SHERIDAN ST #215E
HOLLYWOOD, FL 33021

SUBJECT: NEUROBRAIN DIAGNOSTIC, LTD
Ref. Number: W09000024796

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NEUROBRAIN DIAGNOSTIC, LTD and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 709A00019798

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NeuroBrain Diagnostic, LTD
Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Conversion, Certificate of Limited Partnership, and fees are submitted to convert an "Other Organization" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s. 620.2104, F.S.

Please return all correspondence concerning this matter to:

Allison Cavendish
Contact Person
NeuroBrain Diagnostic, LTD
Firm/Company
3475 Sheridan St # 215E
Address
Hollywood, FL 33021
City, State and Zip Code
admin@neurobraindiagnostic.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Allison Cavendish at (954) 985-5633
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: ☒ 1,027.00

☐ \$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 -- Certificate)
☐ \$1,061.25 Filing Fees and Certificate of Status
☐ \$1,105.00 Filing Fees and Certified Copy
☐ \$1,113.75 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
"Other Business Organization"
Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion **and attached Certificate of Limited Partnership** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Partnership or Limited Liability Limited Partnership** in accordance with s.620.2104, Florida Statutes.

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TALLAHASSEE, FLORIDA

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

NeuroBrain Diagnostic, LLC # L08000114813
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on December 16, 2008
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached **Certificate of Limited Partnership**:

NeuroBrain Diagnostic, LTD
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.

5. If not effective on the date of filing, enter the effective date. _____
(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 listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)

Signed this 8 day of JUNE, 2009.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership/Limited Liability Limited Partnership:

Signature: [Signature] Michael Rozenberg
Printed Name: Medical Diagnostic Management Inc. Title: General Partner

Signature: [Signature] Zvi Zur
Printed Name: 13403 Ontario, Ltd. Title: Limited Partner

Signature: [Signature] Roman Volfson
Printed Name: 2125220 Ontario, Inc. Title: Limited Partner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: Michael Rozenberg Title: Managing member

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. NeuroBrain Diagnostic, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 3475 Sheridan St Ste 215E

Street address of initial designated office

Hollywood, FL 33021

3. Michael Rozenberg

Name of Registered Agent for Service of Process

4. 3475 Sheridan St Ste 215E

Florida street address for Registered Agent

Hollywood, FL 33021

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 3475 Sheridan St Ste 215E

Mailing address of initial designated office

Hollywood, FL 33021

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
#P09000028759 Medical Diagnostic Management, Inc.	3475 Sheridan St. #215E Hollywood, FL. 33021
#F09000002451 1513403 Ontario, Ltd.	810 Rowntree Dairy Rd. Vaughan, ON, CANADA, L4L 5V3
#F09000002449 2125226 Ontario, Inc.	139 Arnold Ave. Thornhill, ON, CANADA, L4T 1B8
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 08 day of June, _____.

Signature of each general partner:

	_____
	_____
_____	_____

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$ 52.50
Certificate of Status (optional):	\$ 8.75

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TALLAHASSEE, FLORIDA