

A10000000693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

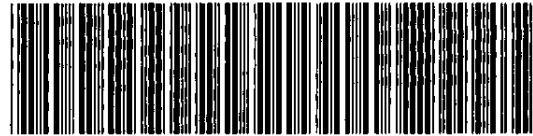
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600187076166

Cert of Conversion  
to LP

10/27/10--01018--027 \*\*1052.50

A10-693

6057

FILED  
NOV -4 AM 11:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Effective date  
7/9/2004

N. CAUSSEAU

NOV 4 2010

EXAMINER

101-50681

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Healthcare Management Group, LP  
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:

David Goldman  
Contact Person

Apple Law Firm PLLC  
Firm/Company

3733 University Blvd. West, Suite 212B  
Address

Jacksonville, FL 32217  
City, State and Zip Code

jwheat@jacksonvillelawyer.pro  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Goldman at ( 904 ) 685-1200  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees ☐ \$1,105.00 Filing Fees ☐ \$1,113.75 Filing Fees,  
(\$52.50 for Conversion and Certificate of Status and Certified Copy Certified Copy, and  
and \$1,000 – Certificate) Status 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2010

DAVID GOLDMAN  
3733 UNIVERSITY BLVD WEST SUITE 212B  
JACKSONVILLE, FL 32217

SUBJECT: AMERICAN HEALTHCARE MANAGEMENT GROUP, LP  
Ref. Number: W10000050681

We have received your document for AMERICAN HEALTHCARE MANAGEMENT GROUP, LP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 810A00025519

**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.

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

American Healthcare Management Group, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited liability company LI-12623  
(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 7/9/2004

(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**:

American Healthcare Management Group, LP

(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.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

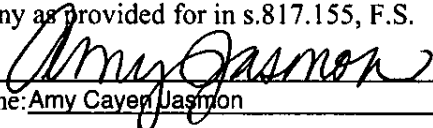
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

FILED  
10 NOV -4 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 22nd day of October, 2010.

**Signature of Each General Partner Listed in Attached Certificate of Limited**

**Partnership/Limited Liability Limited Partnership:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature:   
Printed Name: Amy Cayen Jasmon Title: General Partner

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Signature(s) on behalf of Other Business Entity:** Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:   
Printed Name: Joseph E. Jasmon 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: (\$965 Filing Fee and \$35 Filing Fee)	\$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

FILED  
10 NOV - 4 AM 11:55  
TALLAHASSEE, FLORIDA  
SEC. OF STATE

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

**FILED**  
10 NOV -4 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. American Healthcare Management Group, LP

(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. 727 Abby Mist Drive

Street address of initial designated office

Saint Johns, Florida 32259

3. David Goldman

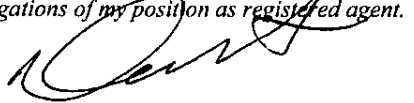
Name of Registered Agent for Service of Process

4. 3733 University Blvd. West, Suite 212B

Florida street address for Registered Agent

Jacksonville, Florida 32217

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. 727 Abby Mist Drive

Mailing address of initial designated office

Saint Johns, Florida 32259

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

FILED

10 NOV - 4 AM 11:55

SECRET  
OFFICE OF THE  
TALLAHASSEE  
FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Amy Cayen Jasmon

727 Abby Mist Drive

Saint Johns, Florida 32259

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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 22nd day of October, 2010

Signature of each general partner: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_

Amy Jasmon

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_