

A30542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

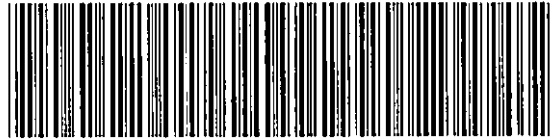
(Business Entity Name)

(Document Number)

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

Instructions to Filing Officer

Office Use Only



500398468085

Conversion

FILED  
2023 JAN 18 AM 8:55

RECEIVED  
2023 JAN 18 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

JAN 24 2023

\*02250, 07016, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: WESTSIDE SURGERY CENTER, LTD.  
Ref. Number: A30542

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for WESTSIDE SURGERY CENTER, LTD. and the authorization to debit your account in the amount of \$105.00. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 223A00001332



# CT CORP

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

Date: 01/18/2022

Acc#I20160000072

en: c DW

Name:	Westside Surgery Center, Ltd.
Document #:	
Order #:	14731903 - 4

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 105.00

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Westside Surgery Center, Ltd.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Madison Botsch  
Contact Person  
Waller  
Firm/Company  
511 Union Street, Suite 2700  
Address  
Nashville, TN 37219  
City, State and Zip Code  
madison.botsch@wallerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madison Botsch at ( 615 ) 850-8774  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee    ☐ \$61.25 Filing Fee and Certificate of Status    ☒ \$105.00 Filing Fee and Certified Copy    ☐ \$113.75 Filing Fee, 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

FILED

2023 JAN 18 AM 8:55

**Certificate of Conversion**

For

**Florida Limited Partnership or Limited Liability Limited Partnership**

Into

**"Other Organization"**

This Certificate of Conversion is submitted to convert the following **Florida Limited Partnership or Limited Liability Limited Partnership** into an **"Other Organization"** in accordance with s. 620.2104, Florida Statutes.

1. The name of the Florida Limited Partnership or Limited Liability Limited Partnership converting into the "Other Organization" is:

Westside Surgery Center, Ltd

Enter Name of Florida Limited Partnership/Limited Liability Limited Partnership

2. The name of the "Other Organization" is:

Westside Surgery Center, LLC

Enter Name of "Other Organization"

3. The "Other Organization" is a limited liability company  
(Enter entity type. Example: corporation, limited liability company,  
general partnership, common law or business trust, etc.)

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

4. The above referenced Florida Limited Partnership or Limited Liability Limited Partnership has converted into an "Other Organization" in compliance with Chapter 620, F.S., and the conversion complies with the applicable laws governing the "Other Organization."

5. The plan of conversion was approved by the converting Florida Limited Partnership or Limited Liability Limited Partnership as required by Chapter 620, F.S., and the governing law of the converted "Other Organization."

6. This conversion was effective under the laws governing the "Other Organization"

on: January 17, 2023

7. If the "Other Organization" is an out-of-state organization not registered to transact business in Florida, the "Other Organization" lists the following street and mailing address of an office the Florida Department of State may use for purposes of s. 620.2105(3), F.S.:

Street Address: 1209 Orange Street

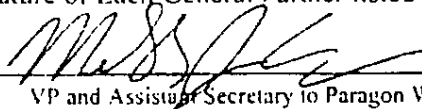
Wilmington, DE 19801

Mailing Address: 1209 Orange Street

Wilmington, DE 19801

Signed this 17th day of January, 20 23.

Signature of Each General Partner listed in Certificate of Limited Partnership:



VP and Assistant Secretary to Paragon WSC, Inc.(General Partner)

<b>Fees:</b>	Filing Fee:	\$52.50
	Certified Copy:	\$52.50 (Optional)
	Certificate of Status:	\$8.75 (Optional)