## 10008 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

magnolia medical	Clinic
Facilities, uc	<u></u>

000003379850--5 -09/01/00--01008--019 \*\*\*\*155.00 \*\*\*\*155.00

Signature  Requested by:	Art of Inc. File  LTD Partnership File  Foreign Corp. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File
Name Date Time	UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was: Magnolia Medical Clinic Facilities, a Florida general partnership

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

Date: A.

<u>April</u> 18, 1996

B. Jurisdiction: Okaloosa County, Florida

If different from the above noted jurisdiction, the jurisdiction immediately prior to C. its conversion: N/A

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

Magnolia Medical Clinic Facilities, L.L.C.

Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

A. Barnard Russell, M.D.

Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

# ARTICLES OF ORGANIZATION OF MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.

The undersigned, B. A. BUCKELEW, M.D., a natural person competent to contract and member of this limited liability company, hereby presents these Articles of Organization for the formation of a limited liability company under the provisions of Chapter 608, Florida Statutes.

#### **ARTICLE I**

The name of the limited liability company is:

MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.

#### **ARTICLE II - PRINCIPAL OFFICE ADDRESS**

The mailing and street address of the principal office of the limited liability company is 131 Magnolia Avenue, S.E., Ft. Walton Beach, Florida 32548.

#### **ARTICLE III - PURPOSES AND POWERS**

This limited liability company is organized for any legal and lawful purpose for which a limited liability company may be organized and may exercise all powers and rights which a limited liability company may exercise under the Florida Limited Liability Company Act.

#### **ARTICLE IV - TERM OF EXISTENCE**

The limited liability company shall have a perpetual existence.

#### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of this limited liability company shall be 131 Magnolia Avenue, S.E., Ft. Walton Beach, Florida 32548, and the name of the initial registered agent of this limited liability company at that address is B.A. Buckelew, M.D.

#### **ARTICLE VI - MANAGEMENT**

This limited liability company shall be managed by its members. The names and addresses of the members are:

A. Barnard Russell, M.D. 131 Magnolia Avenue, S.E. Ft. Walton Beach, FL 32548

John D. Sites, M.D. 131 Magnolia Avenue, S.E. Ft. Walton Beach, FL 32548 B.A. Buckelew, M.D. 131 Magnolia Avenue, S.E.

Ft. Walton Beach, FL 32548

Peter K. Senechal, M.D. 131 Magnolia Avenue, S.E. Ft. Walton Beach, FL 32548.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the date set forth below.

MEMBER:

B. A. BUCKELEW, M.D.

Date:

\_\_\_\_\_,2000

### REGISTERED AGENT ACCEPTANCE

I do hereby accept the foregoing designation as registered agent of Magnolia Medical Clinic Facilities, L.L.C. Further, I am familiar with and accept the duties and obligations of such designation.

B. A. BUCKELEW, M.D.

Date:

2000