

LOS000071638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

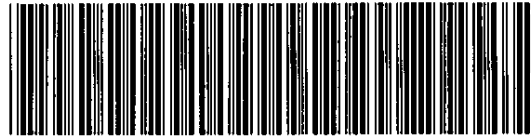
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800286289418

FILED

2016 MAY 31 P 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 MAY 31 PM 2:12

NOT RECORDED
16 APR 30 10 06
SUFFICIENCY OF FILING

JUN 01 2016

SHARON

PLEASE FILE FIRST *
THANKS!

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 127901 7509084

AUTHORIZATION :

Spuddean

COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2016

ORDER TIME : 2:43 PM

ORDER NO. : 127901-010

CUSTOMER NO: 7509084

DOMESTIC FILINGS

NAME: PHOENIX EMERGENCY PHYSICIANS
OF THE MIDWEST, L.L.C.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phoenix Emergency Physicians of the Midwest, LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

AbbyMarie J. Rohr - Paralegal

Contact Person

Envision Healthcare - Legal Dept.

Firm/Company

6200 S. Syracuse Way, Suite 200

Address

Greenwood Village, Colorado 80111

City, State and Zip Code

AbbyMarie.Rohr@evhc.net

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

For further information concerning this matter, please call:

AbbyMarie J. Rohr - Paralegal

at (303) 334-2515

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 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

CR2E106 (07/14)

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Phoenix Emergency Physicians of the Midwest, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Phoenix Emergency Physicians of the Midwest, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Foreign Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)

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

on _____
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: _____
(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 of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
JAN 31 P 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: c/o Envision Healthcare - Legal Dept., 6200 S. Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

Mailing Address: c/o Envision Healthcare - Legal Dept., 6200 S. Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 2 day of May, 2016

Signature: X 
Must be signed by a Member or Authorized Representative

Printed Name: Ohio BM-I Medical Services, P.A. (Member) Title: Gregory J. Byrne, M.D., Manager & Pres.

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

2016 MAY 31 P 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED