

LD60000065913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

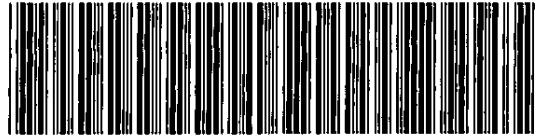
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
~~Wrong forms~~  
Need RA form on LLC  
Cert. (6/15/06)  
Corp-LLC conversion

Office Use Only

~~600-21995~~

6/30



100074867551

05/23/06--01031--001 \*\*150.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN 26 PM 4:29

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AND  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Physician Professional Services, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Jamie P. Salup  
(Contact Person)

Physician Professional Services, LLC  
(Firm/Company)

146 Hidden Cove Dr.  
(Address)

Melbourne Beach, FL 32951  
(City, State and Zip Code)

For further information concerning this matter, please call:

Jamie P. Salup at ( 321 ) 953-0355  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)     \$155.00 Filing Fees and Certificate of Status     \$180.00 Filing Fees and Certified Copy     \$185.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

JAMIE PACELLI SALUP  
146 HIDDEN COVE DR.  
MELBOURNE BEACH, FL 32951-3345

SUBJECT: PHYSICIAN PROFESSIONAL SERVICES, LLC  
Ref. Number: W06000024995

We have received your document for PHYSICIAN PROFESSIONAL SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms you submitted are for converting a Florida LLC into an out of state, nonqualified business entity. There are no LLC's filed in this office by the name of PHYSICIAN PROFESSIONAL SERVICES, LLC, however there is a corporation by that name. If you are wanting to convert your corporation into a Florida LLC, please complete the enclosed conversion forms.,

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 106A00037851



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2006

JAMIE PACELLI SALUP  
146 HIDDEN COVE DR.  
MELBOURNE BEACH, FL 32951-3345

SUBJECT: PHYSICIAN PROFESSIONAL SERVICES, LLC  
Ref. Number: W06000024995

We have received your document for PHYSICIAN PROFESSIONAL SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 006A00040666

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

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

Physician Professional Services, PA  
(Enter Name of Other Business Entity)

PD6-65647

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, limited partnership, 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 5/9/2006  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Physician Professional Services, LLC  
(Enter Name of Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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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 Articles of Organization, if an effective date is listed therein.)

Signed this 07 day of June 2006.

Signature of Authorized Person: Jamie P Salup

Printed Name: Jamie P Salup Title: \_\_\_\_\_

**Fees:**

|  |                    |
|--|--------------------|
| Certificate of Conversion:                 | \$25.00            |
| Fees for Florida Articles of Organization: | \$125.00           |
| Certified Copy:                            | \$30.00 (Optional) |
| Certificate of Status:                     | \$5.00 (Optional)  |

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Physician Professional Services, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

146 Hidden Cove Dr.  
Melbourne Beach, FL  
32951

**Mailing Address:**

146 Hidden Cove Dr.  
Melbourne Beach, FL  
32951

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's**

**Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

**The name and the Florida street address of the registered agent are:**

Jamie P. Salup  
146 Hidden Cove Dr.  
Name  
Florida street address (P.O. Box **NOT** acceptable)  
Melbourne Bch, FL 32951  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Jamie P. Salup  
Registered Agent's Signature (REQUIRED)

(CONTINUED)  
Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager  
"MGRM" = Managing Member

MGR

Jamie P. Salup  
146 Hidden Cove Dr.  
Melbourne Bch, Fl 32957

MGRM

Carlos A. Salup, MD  
146 Hidden Cove Dr.  
Melbourne, Fl 32957

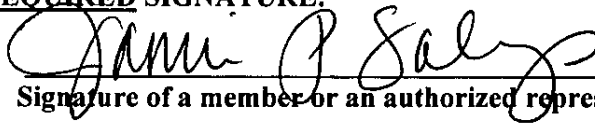
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Jamie P. Salup

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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