

L07000068643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

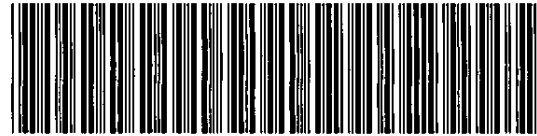
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w07000022676

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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TO AGENCY
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07 JUN 29 PM 4:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 05/10/07

REF. #: 000333.68334

CORP. NAME: TERRACE MEDICAL COMPLEX

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TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> CERTIFICATE OF CONVERSION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 521262 FOR \$ 180.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2007

KATIE WONSCH
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: TERRACE PROFESSIONAL CENTER II, LLC
Ref. Number: W07000022676

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TERRACE PROFESSIONAL CENTER II, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$180.00 payment.

Before this conversion can be filed, the general partnership must file a GENERAL PARTNERSHIP REGISTRATION -- filing fee \$50.00 -- with the Division of Corporations.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 907A00033000

Certificate of Conversion
For
Terrace Professional Center II
Into A
Florida Limited Liability Company

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07 JUN 29 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "TERRACE PROFESSIONAL CENTER II" into a Florida Limited Liability Company in accordance with §608.439, Florida Statutes.

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

TERRACE PROFESSIONAL CENTER II

GP07 0001019

2. The "Other Business Entity" is a general partnership first organized, formed or incorporated under the laws of Florida on November 15, 1985.

3. The jurisdiction of TERRACE PROFESSIONAL CENTER II has not been changed since the date it was established.

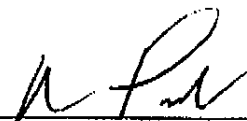
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

TERRACE PROFESSIONAL CENTER II, LLC

5. This conversion shall be effective upon the filing of this Certificate of Conversion and the attached Articles of Organization.

SIGNED this 1st day of JUNE, 2007.

Signature of Authorized Person: _____



Printed Name: ROBERT E. FARBER

Title: General Partner

**ARTICLES OF ORGANIZATION
OF
TERRACE PROFESSIONAL CENTER II, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name

The name of the Limited Liability Company is:

TERRACE PROFESSIONAL CENTER II, LLC

Article II - Address

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

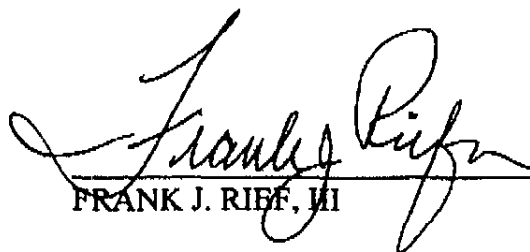
**5208 East Fowler Avenue, Suite C
Tampa, FL 33617**

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Frank J. Rief, III, Esq.
442 West Kennedy Blvd., Suite 340
Tampa, FL 33606**

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.


FRANK J. RIEF, III

Article IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is ROBERT E. FARBER, Suite C, 5208 East Fowler Avenue, Tampa, Florida 33617.

DATED this 18 day of April, 2007.



ROBERT E. FARBER, Manager