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T. HAMPTON

APR 24 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Hospitalist, P.L.
(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:

Mitchell T. McRae, Esq.
(Contact Person)

McRae Law Offices, P.A.
(Firm/Company)

6274 Linton Blvd., Suite 100
(Address)

Delray Beach, FL 33484
(City, State and Zip Code)

For further information concerning this matter, please call:

Mitchell T. McRae, Esq. at (561) 638-6600 (X25)
(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

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:

Treasure Coast Hospitalist, P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional service 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 11/15/2007

(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:

N/A


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

Treasure Coast Hospitalist, P.L.

(Enter Name of Florida Limited Liability Company)

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 4th day of March 2008.

Signature of Authorized Person: 

Printed Name: Younes Lehachi M.D. Title: President

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
TREASURE COAST HOSPITALIST, P.L.

ARTICLE I - NAME

The name of this professional limited liability company is:

Treasure Coast Hospitalist, P.L.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is:

**1523 Sea Holly Way
Palm City, Florida 34990**

The street address of the principal office of the limited liability company is:

**1523 Sea Holly Way
Palm City, Florida 34990**

ARTICLE III - TERM OF EXISTENCE

This professional limited liability company shall have perpetual existence.

ARTICLE IV - NATURE OF BUSINESS

This professional limited liability company is formed and organized for the sole and specific purpose of rendering professional service, to-wit: every phase and aspect of the practice of medicine, and shall have as its members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company. In addition thereto, the company may invest the funds of the professional limited liability company in real estate, mortgages, stocks, bonds, or any

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other type of investment, and own real and personal property necessary for the rendering of such professional services.

ARTICLE V – RESTRAINT ON ALIENATION OF MEMBERSHIP INTERESTS

No member of this professional limited liability company shall enter into any type of agreement vesting another person with the authority to exercise any of that member's voting power in this limited liability company. No member of this professional limited liability company may sell or transfer ownership interest in this professional limited liability company except to another professional corporation, professional limited liability company, or individual, each of which must be eligible to be a member of this limited liability company. If any member of this professional limited liability company becomes legally disqualified to practice medicine in the State of Florida, such member's membership interests shall immediately become subject to purchase by the company in accordance with the operating agreement adopted and executed in writing by the members.

ARTICLE VI – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the company's registered agent is:

**Younes Lehachi, M.D.
1523 Sea Holly Way
Palm City, Florida 34990**

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.



YOUNES LEHACHI, M.D.

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ARTICLE VII – MANAGER(S) OR MANAGING MEMBER(S)

This professional limited liability company is to be managed by the members. The name and address of each Manager or Managing Member is:

Title:

Name and Address:

Younes Lehachi, M.D. (MGRM)

**1523 Sea Holly Way
Palm City, Florida 34990**


Walter Gil, M.D. (MGRM)

**850 N.W. Federal Highway
Suite 151
Stuart, Florida 34994**

ARTICLE VIII – EFFECTIVE DATE

The effective date of these Articles of Organization shall be the date these Articles of Organization are filed with the Secretary of State.

The foregoing Articles of Organization have been executed by the undersigned managing member of the company, who affirms under penalties of perjury that the facts stated in the Articles of Organization are true.



Younes Lehachi, M.D. (MGRM)

(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.)

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