

L080000069294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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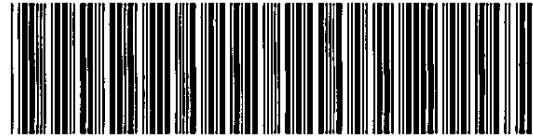
(Business Entity Name)

(Document Number)

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

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RECEIVED  
08 JUL 15 PM 1:51  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUL 15 AM 9:35  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 18 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 650009 4329479

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 185.00

ORDER DATE : July 16, 2008

ORDER TIME : 11:50 AM

ORDER NO. : 650009-005

CUSTOMER NO: 4329479

FILED  
08 JUL 15 AM 9:35  
TALLAHASSEE, FLORIDA

CONVERSION FILING

NAME: MURDOCK FAMILY MEDICINE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2008

JOYCE MARKLEY  
CSC  
TALLAHASSEE, FL

SUBJECT: MURDOCK FAMILY MEDICINE, LLC  
Ref. Number: W08000033815

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for MURDOCK FAMILY MEDICINE, LLC and the authorization to debit your account in the amount of \$185.00. However, the document has not been filed and is being returned for the following:

Our new Certificate of Conversion forms require TWO SIGNATURES. Both the converting entity and the resulting entity must sign. (The same person can sign for both, but we have to have TWO SIGNATURES.) A form is enclosed. And your clients could simply revise their form to include a signature for the resulting entity.

ALSO, please note that I have ABANDONED the attempted FAX filing.

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  
Regulatory Specialist II

Letter Number: 208A00041820

date  
7/15

FILED  
08 JUL 15 AM 9:35  
TALLAHASSEE, FLORIDA

RECEIVED  
08 JUL 17 PM 4:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION  
FOR  
OTHER BUSINESS ENTITY  
INTO  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
08 JUL 15 AM 9:35  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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 608.439, Florida Statutes.

1. The name of the Other Business Entity immediately prior to the filing of this Certificate of Conversion is MURDOCK FAMILY MEDICINE, P.A.

P97000645029

2. The Other Business Entity is a corporation first organized under the laws of the State of Florida on May 19, 1997.

3. The Other Business Entity is converting into MURDOCK FAMILY MEDICINE, LLC, a Florida limited liability company (the "LLC"), to be formed pursuant to the attached Articles of Organization.

4. The conversion of the Other Business Entity into the LLC is in compliance with Chapter 608, Florida Statutes.

5. The conversion shall become effective upon the date of the filing of this Certificate of Conversion and the attached Articles of Organization with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Conversion to be executed on the 15<sup>th</sup> day of July, 2008.

**MURDOCK FAMILY MEDICINE, P.A.,**  
a Florida corporation

By: Melody H. Burt  
Name: Melody H. Burt, D.O.  
Title: President

**MURDOCK FAMILY MEDICINE, LLC,**  
a Florida limited liability company

By: David L. McAtee  
Name: David L. McAtee, D.O.  
Title: President, Secretary and Treasurer

**ARTICLES OF ORGANIZATION  
OF  
MURDOCK FAMILY MEDICINE, LLC**

FILED  
08 JUL 15 AM 9:35  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name and Duration**

The name of this Limited Liability Company is Murdock Family Medicine, LLC (hereinafter referred to as the "Company"). The duration of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE II**

**Principal Office**

The mailing address and street address of the principal office of the Company is 19531 Cochran Boulevard, Port Charlotte, Florida 33948, or such other place as the members of the Company may determine from time to time.

**ARTICLE III**

**Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is c/o Shumaker, Loop & Kendrick, LLP, Bank of America Plaza, 1001 East Kennedy Boulevard, Suite 2800, Tampa, Florida 33602. The name of the registered agent at such address is Darrell C. Smith.

DATED as of the 15<sup>th</sup> day of July, 2008.

  
David L. McAtee, D.O. authorized person

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statute Section 608.415, MURDOCK FAMILY MEDICINE, LLC submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is MURDOCK FAMILY MEDICINE, LLC.
2. The name and address of the registered agent and office is: Darrell C. Smith, c/o Shumaker, Loop & Kendrick, LLP, Bank of America Plaza, 101 East Kennedy Boulevard, Suite 2800, Tampa, Florida 33602.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: July/5 2008.

  
\_\_\_\_\_  
Darrell C. Smith