L08000085497

(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: L. SELLERS
SEP - 92008
EXAMINER

Office Use Only



600135402936

09/08/08--01015--013 **185.00

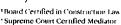
SECRETARY OF STATE



FISHER, BUTTS, SECHREST & WARNER, P.A.

CONSTRUCTION LAW . TRIAL PRACTICE

Mark S. Fisher * †
Robert P. Butts †
Michael D. Sechrest †
D. Marc Warner
Robert E. Doan †
P. Hayden Haskins



ORIO DE LE CONTROL DE LA CONTR

5200 S.W. 91st Terrace, Suite 101 Gainesville, Florida 32608 Phone: (352) 373-5922 Fax: (352) 373-5921 Toll Free: (866) 318-4878 www.floridaconstructionlaw.net

September 5, 2008

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Infectious Disease Consultants, Sanil Thomas, M.D., LLC

Dear Sir/Madam:

Enclosed please find a Certificate of Conversion and Articles of Organization for Florida Limited Liability Company together with a check for \$185.00 for the filing fee, certified copy and Certificate of Status. I have enclosed an envelope for you to return the certified copy and certificate of status to me.

Thank you for your assistance and should you have any questions please do not hesitate to contact me.

Sincerely,

Robert E. Doan

RED/lm

Enclosures

CERTIFICATE OF CONVERSION

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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:

INFECTIOUS DISEASE CENTER OF YUMA, P.L.C.

- 2. The "Other Business Entity" is a foreign limited liability company, first organized, formed or incorporated under the laws of the State of Arizona, on September 18, 2001.
- 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

INFECTIOUS DISEASE CONSULTANTS, SANIL THOMAS, M.D., L.L.C.

Signed this 5 day of September, 2008.		
Signature of Member or Authorized Representative of Limited Liability Com	pany:	
Signature of Member or Authorized Representative:		
Printed Name: Sanil Thomas, M.D. Title: Managing Member		•
Signature on behalf of Other Business Entity:		
Signature of Member or Authorized Representative:		
Printed Name: <u>Sanil Thomas, M.D.</u> Title: <u>Member</u>		
Fees:	Z _G	80

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

INFECTIOUS DISEASE CONSULTANTS, SANIL THOMAS, M.D., L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

9116 SW 51st Rd., #A103 Gainesville, FL 32608 9116 SW 51st Rd., #A103 Gainesville, FL 32608

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

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

Robert E. Doan, Esq. Fisher, Butts, Sechrest & Warner, P.A. 5200 SW 91st Terrace, Suite 101 Gainesville, FL 32608

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 his 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.

Registered Agent's Signature (REQUIRED)

08 SEP -8 PH 4: 19

44.

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:

MGRM

Dr. Sanil Thomas, M.D. 9116 SW 51st Rd., #A103 Gainesville, FL 32608

ARTICLE V – Effective date:

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.)

Sanil Thomas, M.D.

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)

08 SEP -8 PH 4: 19