

L09000073610

(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:

Office Use Only



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07/27/09--01053--019 **155.00

FILED
2009 JUL 30 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 31, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2009

KAVITA B RAO / GULF COAST INTERNIST, LLC
8186 ELISABETH LANE
LARGO, FL 33777 US

SUBJECT: GULF COAST INTERNIST, LLC.
Ref. Number: W09000034309

We have received your document for GULF COAST INTERNIST, LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00025841

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST INTERNIST, 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:

Kavita B Rao
(Contact Person)

Gulf Coast Internist, LLC.
(Firm/Company)

8186 Elisabeth Lane
(Address)

Largo, FL 33777
(City, State and Zip Code)

For further information concerning this matter, please call:

V Moorthi Natarajan at (727) 748-5698
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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

Attention: Ms Carolyn Lewis

Conversion
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center circle
Tallahassee, FL 32301

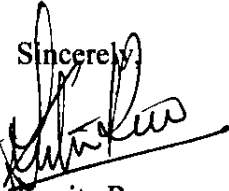
Dear Carolyn

Subject: Gulf Coast Internist, LLC. Articles of Organization

Please discard the Articles of Organization presented with the original application for the conversion to Gulf Coast Internist, LLC.

Please accept cover letter and enclosed 2 signed copies of Articles of Organization for Gulf Coast Internist, LLC.

Please accept my deepest apologies for this confusion.

Sincerely,

Kavita Rao,

Registered Agent
Gulf Coast Internist, LLC
8186 Elisabeth Lane
Largo, FL 33777

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2009 JUL 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GULF COAST INTERNIST, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION P09000054997.
(Enter entity type. Example: corporation, limited partnership,
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 06-25-2009.

(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:

NOT APPLICABLE

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

GULF COAST INTERNIST, LLC

(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.)

FILED

Signed this 24th day of July 20 09

2009 JUL 30 AM 10:50

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: [Signature]
Printed Name: KAUNITA. B. RAO Title: MGRM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: KAUNITA. B. RAO Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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
OF
GULF COAST INTERNIST, LLC
a Florida Limited Liability Company**

FILED
2009 JUL 30 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of this Limited Liability Company is GULF COAST INTERNIST, LLC (the "Company").

**ARTICLE II
PURPOSE**

- A. Purposes. The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to Chapter 608, Fla. Stat., as the same may be amended from time to time.
- B. Powers. The Company shall have and may exercise all powers and rights which a limited liability company may exercise pursuant to Chapter 608, Fla. Stat., as the same may be amended from time to time.

**ARTICLE III
ADDRESS**

The mailing and street address of the Company's place of business is 8186 Elisabeth Lane, Largo, Florida 33777.

**ARTICLE IV
DURATION**

The Company's existence shall commence on the filing of these Articles with the Secretary of State, and shall continue until dissolved.

**ARTICLE V
MANAGEMENT**

The management of the Company shall be reserved to the members. The members shall have the power and authority to act on behalf of the Company as provided in Chapter 608, Fla. Stat., as the same may be amended from time to time, and as further provided in the Regulations of the Company.

FILED

**ARTICLE VI
MANAGING MEMBER**

2009 JUL 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and address of managing members / managers are:

Title: MGRM
KAVITA B RAO
8186 ELISABETH LANE
LARGO, FL 33777

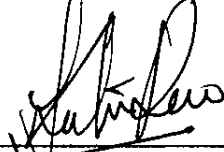
Title: MGRM
V MOORTHINATARAJAN
8186 ELISABETH LANE
LARGO, FL 33777

**ARTICLE VII
DESIGNATION OF REGISTERED AGENT**

The name and mailing & street address of the registered agent is:

KAVITA B RAO
8186 ELISABETH LANE
LARGO, FL 33777

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..



Registered Agent's Signature

+ MGRM

7/28/09

Date