

L09000117415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

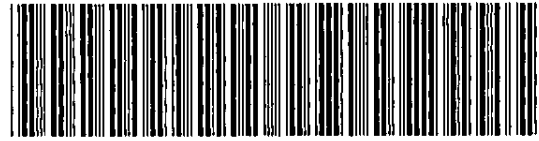
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000280537750

01/05/16--01001--003 **60.00

RECEIVED
16 JAN -4 PH 3:31
TALLAHASSEE, FLORIDA

2016 JAN -4 A 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 06 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2016

WOLTERS KLUWER

SUBJECT: SPECIALTYCARE SURGICAL ASSIST, LLC
Ref. Number: L09000117415

RE-SUBMIT

Please retain original filing
date of submission

RECEIVED
DEPARTMENT OF STATE
16 JAN -5 PM 4:25

We have received your document for SPECIALTYCARE SURGICAL ASSIST, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00000128

2016 JAN -4 A 11: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

SPECIALTYCARE SURGICAL ASSIST, LLC

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L09000117415

[Table with 2 columns and 5 rows, all empty]

Thank you!

- Profit
- Nonprofit
- Foreign
- Limited Partnership
- LLC
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration
- Fictitious Name
- Photocopies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other Conversion
- UCC
- CUS
- Pick Up

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JAN -4 A 11: 00

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Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/4/2016
ST

Order#: **9831826**
Ref#: _____
Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SpecialtyCare Surgical Assist, LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Betty Cheers
Contact Person
SpecialtyCare
Firm/Company
3100 West End Ave., Suite 800
Address
Nashville, TN 37203
City, State and Zip Code

betty.cheers@specialtycare.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathaniel Goldfinger at (216) 861-6680
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee and Certificate of Status
- \$55.00 Filing Fee and Certified Copy
- \$60.00 Filing Fee, 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

CR2E106 (07/14)

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

SpecialtyCare Surgical Assist, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

SpecialtyCare Surgical Assist, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **Limited Liability Company**
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of **Delaware**
(Enter state, or if a non-U.S. entity, the name of the country)

on January 4, 2016
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: January 4, 2016
(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 of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JAN -4 A 11:00

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6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

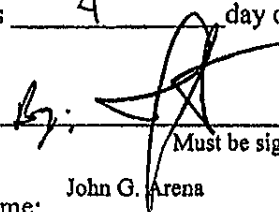
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 3100 West End Ave., Suite 800
Nashville, TN 37203

Mailing Address: 3100 West End Ave., Suite 800
Nashville, TN 37203

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 4 day of January, 2016

Signature:  Must be signed by a Member or Authorized Representative

Printed Name: John G. Arena Title: Secretary

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)