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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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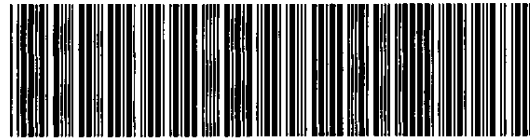
(Business Entity Name)

(Document Number)

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

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T. HAMPTON

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EXAMINER

**rfhws**

4230 pablo professional court • suite 200 • jacksonville, florida 32224  
904.567.1060 • f 904.567.1065 • www.rfblaw.com

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July 20, 2010

**Via Federal Express**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

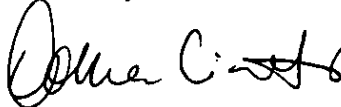
Re: Podiatry Centers of North Florida, P.A.

Dear Sir/Madam:

Enclosed for filing is a Certificate of Conversion to convert Podiatry Centers of North Florida, P.A., a Florida Professional Association to a Florida limited liability company and Articles of Organization for Podiatry Centers of North Florida, LLC. Also enclosed is my firm's check in the amount of \$150.00 for the filing fee.

Please file the Certificate and Articles accordingly and return a filed copy of same to my attention. If you have any questions or concerns, please do not hesitate to call me at (904) 567-1177.

Sincerely,



Donna Ciancutti  
Paralegal

Encls.

**Certificate of Conversion**  
**for**  
**"Other Business Entity"**  
**into**  
**Florida Limited Liability Company**

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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: Podiatry Centers of North Florida, P.A.
2. The "Other Business Entity" is a professional association, first organized, formed or incorporated under the laws of Florida on May 12, 1987.
3. The name of the Florida Limited Liability Company as forth in the attached Articles of Organization is: Podiatry Centers of North Florida, LLC.
4. The effective date shall be the date of filing the Certificate of Conversion.

Signed this 30<sup>th</sup> day of June, 2010.

Podiatry Centers of North Florida, P.A.  
a Florida Professional Association

By: \_\_\_\_\_

Howard J. Groshell, DPM  
President

Podiatry Centers of North Florida, LLC  
a Florida Limited Liability Company

By: \_\_\_\_\_

Howard J. Groshell, DPM, Manager

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**ARTICLES OF ORGANIZATION  
OF  
PODIATRY CENTERS OF NORTH FLORIDA, LLC**

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") is Podiatry Centers of North Florida, LLC.

**ARTICLE II  
DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 608.402 (24) of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III  
ADDRESS**

The mailing and street address of the principal office of the Company shall be 2236 Park Street, Jacksonville, Florida 32204.

**ARTICLE IV  
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 2236 Park Street, Jacksonville, Florida 32204, and its initial registered agent at such office shall be Howard J. Groshell, DPM.

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

The Company will be managed by one or more of its managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the Manager of this Company is:

Name

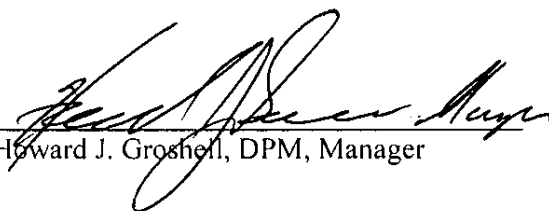
Address

Howard J. Groshell, DPM

2236 Park Street  
Jacksonville, Florida 32204

IN WITNESS WHEREOF, the undersigned sole manager of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 608.407 of the Act.

Dated this 30<sup>th</sup> day of June, 2010.

  
Howard J. Groshen, DPM, Manager

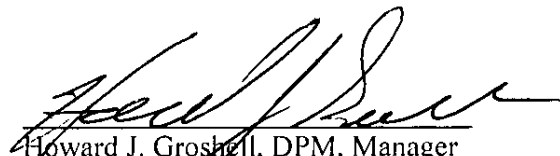
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**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Podiatry Centers of North Florida, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Howard J. Groshell, DPM as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 2236 Park Street, Jacksonville, Florida 32204.

Dated this 30<sup>th</sup> day of June, 2010.

  
Howard J. Groshell, DPM, Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 30<sup>th</sup> day of June, 2010.

  
Howard J. Groshell, DPM, Registered Agent

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