

L11000032821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

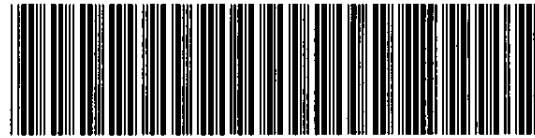
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

11 MAR 16 AM 10:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 16 PM 3:23

B. KOHR

MAR 17 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2011

KIMBERLY MORET
CSC
TALLAHASSEE, FL

SUBJECT: AMBULATORY SURGERY CENTER OF BOCA RATON, LLC
Ref. Number: W11000015201

RESUBMIT
Please give original
submission date as file date.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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We have received your document for AMBULATORY SURGERY CENTER OF BOCA RATON, LLC and the authorization to debit your account in the amount of \$177.50. However, the document has not been filed and is being returned for the following:

The wrong Certificate of Conversion has been used. The document you have submitted could only be used to convert a Florida general partnership into a foreign business entity.

To convert your limited partnership into a Florida LLC, you must use the CERTIFICATE OF CONVERSION OF OTHER BUSINESS ENTITY INTO FLORIDA LIMITED LIABILITY COMPANY.

Please note that this document requires TWO SIGNATURES. Both the converting entity and the resulting entity must sign, and in the case of the converting entity, we will need a clear indication the signer is an officer of the corporation that is the general partner of AMBULATORY SURGERY CENTER OF BOCA RATON, LTD.

ALSO, please note that the TOTAL AMOUNT required to the conversion and the Articles of Organization is \$150.00.

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: 111A00006439



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 709926 4369500

AUTHORIZATION :

COST LIMIT

Lyndee 150.00

ORDER DATE : March 16, 2011

ORDER TIME : 9:08 AM

ORDER NO. : 709926-005

CUSTOMER NO: 4369500

RESUBMIT
Please give original
submission date as file date.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 16 PM 3:23

DOMESTIC AMENDMENT FILING

NAME: AMBULATORY SURGERY CENTER OF
BOCA RATON, LTD.

XX CERTIFICATE OF CONVERSION
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

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:

AMBULATORY SURGERY CENTER OF BOCA RATON, LTD.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Partnership

(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 December 3, 2004

(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:

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

AMBULATORY SURGERY CENTER OF BOCA RATON, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: By: _____

(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.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

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AD 4000001900

Signed this 15 day of March 2011.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]
Printed Name: John H. Hajjar, M.D. Title: Authorized Representative

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: John H. Hajjar, M.D. Title: General Partner

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
AMBULATORY SURGERY CENTER OF BOCA RATON, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **AMBULATORY SURGERY CENTER OF BOCA RATON, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

AMBULATORY SURGERY CENTER OF BOCA RATON, LLC

ARTICLE II — Address:

The mailing address of the Limited Liability Company is 555 Kinderkamack Road, Oradell, New Jersey 07649, and the principal office address of the Limited Liability Company is 1905 Clint Moore Road, Suite 300, Boca Raton, Florida 33496.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV -- Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

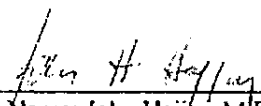
ARTICLE V -- Management:

The Limited Liability Company will be a manager-managed company.

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ARTICLE VI -- Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.



Print Name: John Hajar, M.D.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

AMBULATORY SURGERY CENTER OF BOCA RATON, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Corporation/Service Company

By: 

Print Name: _____

Title: **Kimberly B. Moret**
as its agent

Dated: March 16, 2011