L11000059893

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
i	
<u></u>	





100198091921

04/08/11-01014-027-\$150.00

SECRETARY OF STATE ON STATE OF STATE OF

N. CUIHGON MAY 2 0 20114

DELL GRAHAM

JOHN D. JOPLING CARL B. SCHWAIT 92 ELLEN R. GERSHOW! DALY J. PALLSCHIC JENNIFER C. LESTER! DAVID M. DELANEY SUSAN M. STIGLE
MAPK S. THOMAS 44 KEVIN, A. MICHELL. ANDREW A. MOREY MICHAEL D. PICKEL JENNIFER E. JONES

April 6, 2011

Florida Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallabassee, Florida 32314

Re: Family Practice Associates, LLC

Dear Sir and/or Madam:

Enclosed please find Articles of Organization and Acceptance of Appointment as Registered Agent for Family Practice Associates, LLC, and Certificate of Conversion of Family Practice Associates Partnership, LLP to Family Practice Associates, LLC. Also enclosed is a check for \$150.00 to cover the filing fee.

" If you have any questions or require anything further, please contact the undersigned......

Sincerely,

Ellen R. Gershow

Hecklow

Enclosures

ERG/jds

*Plorida Board Certified Civil Trial Lawyer | Plorida Board Certified in Wills, Trusts & Battates | Inetional Board Certified Civil Trial Advocate

SECRETARY OF STATE DIVISION OF CORPORATIONS
11 MAY 20 PM 2 58

Certificate of Conversion of Limited Liability Partnership to Limited Liability Company

- 1. A limited liability partnership was organized under the laws of the State of Florida on August 1, 2007.
- 2. The name of the limited liability partnership immediately prior to the filing of the Certificate of Conversion was Family Practice Associates Partnership, LLP.
- 3. The name of the limited liability company as set forth in its Articles of Organization is Family Practice Associates, LLC.
- 4. The conversion to a limited liability company shall be effective upon filing of this Certificate of Conversion.
- 5. The conversion has been approved by all of the partners of the limited liability partnership.

Dated this _/3_ day of May, 2011.

Michael A. Horseman

Member and Registered Agent

Michael A. Horseman

Partner

FILEU SECRETARY: OF STATE DIVISION OF CORPORATIONS

11 MAY 20 PH 2 58

Articles of Organization of FAMILY PRACTICE ASSOCIATES, LLC

ARTICLE I - NAME

The name of this Limited Liability Company shall be **FAMILY PRACTICE**ASSOCIATES, LLC.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business to be transacted by this Limited Liability Company and the purpose hereof is to acquire; own, develop, finance, lease, sell, or otherwise dispose of real property and to engage in any other lawful business or endeavor.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The initial street address of the principal office of this Limited Liability Company in the State of Florida and the mailing address is 4410-B Newberry Road, Gainesville, Florida 32607, which is the initial registered office of the Limited Liability Company.

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and street address of the initial registered agent in this state for this Limited Liability Company is Michael A. Horseman, M.D., 4410-B Newberry Road, Gainesville, Florida 32607.

At Gainesville, Florida, this 25th day of March, 2011.

Michael A. Horseman, M.D.

Acceptance Of Appointment As Registered Agent

I HEREBY ACCEPT appointment as Registered Agent for FAMILY PRACTICE ASSOCIATES, LLC, on whom process may be served in the State of Florida. I am familiar with and accept the duties and responsibilities as Registered Agent for said limited liability company, all pursuant to Florida Statutes 608.415:

DATED this 254th day of March, 2011.

Michael A. Horseman, M.D.

Registered Agent

11 MAY 20 PH 2: 58