

L110000067145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

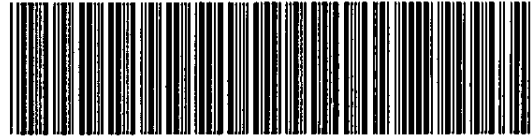
W11-28862

AP11-10762
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EXAMINER

Office Use Only



200207641462

06/09/11--01001--009 **136.25

05/18/11--01022--020 **43.75

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 JUN - 6 PM 2:54

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2011

JENNY KALOTA
CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE SUITE 1200
JACKSONVILLE, FL 32202

SUBJECT: CARDIOVASCULAR CONSULTANTS OF ST. AUGUSTINE, P.L.
Ref. Number: W11000028862

We have received your document for CARDIOVASCULAR CONSULTANTS OF ST. AUGUSTINE, P.L. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$106.25.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 111A00012988

RELEASE OF NAME AND CONSENT TO USE

Cardiovascular Consultants of St. Augustine, P.L. (n/k/a Cardiovascular Consultants of St. Augustine, Inc.), a Florida limited liability company, hereby (i) abandons, releases and disclaims any and all interest, right and title associated with the name "Cardiovascular Consultants of St. Augustine" (the "Former Name"), and (ii) pursuant to Section 608.406 of the Florida Limited Liability Company Act, consents to the use of the Former Name by Cardiovascular Consultants of St. Augustine, P.L., a Florida limited liability company.

Dated: May 19, 2011

**CARDIOVASCULAR CONSULTANTS OF ST.
AUGUSTINE, P.L.** (n/k/a Cardiovascular
Consultants of St. Augustine, P.L.)

By: 
Ali Tutar, M.D., President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cardiovascular Consultants of St. Augustine, P.L., Doc. No. W11000028862
(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:

Jenny Kalota

(Contact Person)

Contega Business Services, LLC

(Firm/Company)

One Independent Drive, Suite 1200

(Address)

Jacksonville, Florida 32202

(City, State and Zip Code)

jkalota@northfloridalaw.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jenny Kalota at (904) 301-1269

(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 type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
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

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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:

Cardiovascular Consultants of St. Augustine, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation

(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 February 1, 2011

(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**:

Cardiovascular Consultants of St. Augustine, P.L.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: April 1, 2011

(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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CLERK OF THE COURT
JULIA HARRIS, CLERK
TALLAHASSEE, FLORIDA

Signed this 26 day of May 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: Ali Tutar

Printed Name: Ali Tutar, 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: Ali Tutar

Printed Name: Ali Tutar, M.D.

Title: Sole Director

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardiovascular Consultants of St. Augustine, P.L.

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

300 Health Park Boulevard, Suite 5010

St. Augustine, Florida 32086

Mailing Address:

3501B North Ponce De Leon Boulevard

PMB-392

St. Augustine, Florida 32084

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Contega Business Services, LLC

Name

One Independent Drive, Suite 1200

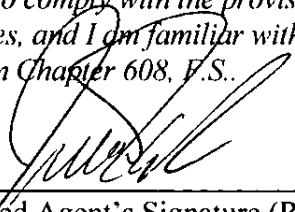
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32202

City, State, and Zip

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 (REQUIRED)

By: J. Jacob R. Peck, Executive Vice President

(CONTINUED)

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FALLAHER, J. L. LEVINE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Ali Tutar, M.D.

300 Health Park Boulevard, Suite 5010

St. Augustine, Florida 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(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 Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ali Tutar, M.D.

Typed or printed name of signee

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2011 JUN -6 PM 2:55
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

FILED