

L12000055750

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA

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12 APR 24 AM 8:46
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SOLICITOR GENERAL
STATE OF FLORIDA

D. BRUCE

APR 25 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 04/24/2012

REF. #: 000650.165429

CORP. NAME: LEESBURG COMMUNITY CANCER CENTER LIMITED PARTNERSHIP into
PHYSICIANS FOR ACCOUNTABLE CARE, LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CONVERSION | | |

STATE FEES PREPAID WITH CHECK# 544113 FOR \$ 180.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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12 APR 24 AM 8:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF CONVERSION
FOR
OTHER BUSINESS ENTITY
INTO A
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 **LEESBURG COMMUNITY CANCER CENTER LIMITED PARTNERSHIP.** *A21644*
2. The "Other Business Entity" is a limited partnership first formed pursuant to that certain Certificate and Agreement of Limited Partnership, dated as of October 1, 1985, as amended, under the laws of the State of Georgia.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is **PHYSICIANS FOR ACCOUNTABLE CARE, LLC.**
4. This conversion shall become effective upon the filing of this Certificate of Conversion with the Secretary of State of the State of Florida.
5. The conversion is permitted by the applicable laws governing the "Other Business Entity" and the conversion complies with such laws and the requirements of s.608.439, Florida Statutes, in effecting the conversion.
6. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently formed.

Signed this 2nd day of APRIL, 2012.

PHYSICIANS FOR ACCOUNTABLE CARE, LLC

By: *Hal M. Jacobson*

Hal M. Jacobson, M.D., Authorized Representative

LEESBURG COMMUNITY CANCER CENTER
LIMITED PARTNERSHIP

By: Cancer Care Associates Holdings, Inc., a
Florida corporation, General Partner

By: *Hal M. Jacobson*

Hal M. Jacobson, M.D., President

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
PHYSICIANS FOR ACCOUNTABLE CARE, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is PHYSICIANS FOR ACCOUNTABLE CARE, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 301 S. Lake Street, Leesburg, Florida 34788.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Kenneth Scott and the address of the Company's registered office is 1048 Juliette Boulevard, Mt. Dora, Florida 32757.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a manager-managed company and the names and addresses of the initial managers are:

Hal M. Jacobson, M.D.
301 S. Lake Street
Leesburg, Florida 34788

Kenneth Scott
1048 Juliette Boulevard
Mt. Dora, Florida 32757

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ARTICLE VI
Admission of Additional Members

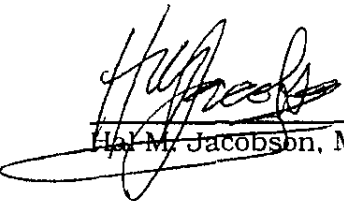
Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

ARTICLE VII
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization of Physicians for Accountable Care, LLC this 2nd day of APRIL, 2012.

MEMBER:



Hal M. Jacobson, M.D.

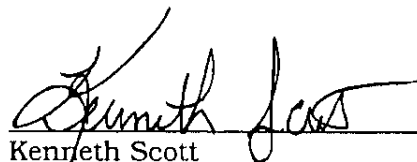
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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **PHYSICIANS FOR ACCOUNTABLE CARE, LLC.**
2. The name and address of the registered agent and office is: Kenneth Scott, 1048 Juliette Boulevard, Mt. Dora, Florida 32757.

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.


Kenneth Scott

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TALLAHASSEE, FLORIDA