

L12000089677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

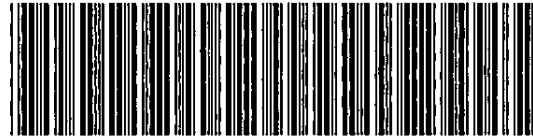
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 13 PM 3:20

JUL 10 2012  
T. HAMPTON

*Handwritten signature/initials*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Primary Care Physicians of Hollywood, P.L.  
(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:

Paul Salver, Esq.  
(Contact Person)

Paul Salver, P.A.  
(Firm/Company)

2721 Executive Park Drive, Suite 3  
(Address)

Weston, FL 33331  
(City, State and Zip Code)

p.salver@psccpas.com  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Paul Salver at ( 954 ) 349-0272  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$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

# PAUL SALVER, P.A.

ATTORNEYS AT LAW  
2721 Executive Park Drive  
Suite 3  
Weston, Florida 33331  
Email: p.salver@pscpcas.com

Paul Salver, Esquire  
Karen Alterman Salver, Esquire

Telephone: 954-349-0272  
Fax: 954-389-1397

July 6, 2012

Florida Secretary of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Primary Care Physicians of Hollywood – Conversion

Dear Sir or Madam,

Enclosed please find the revised documents requested pursuant to the enclosed letter from your office. Please contact us if you need anything further. Thank you for your kind assistance.

Paul Salver, P.A.

Paul Salver, Esq.



RECEIVED

12 JUL -9 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2012

PAUL SALVER  
2721 EXECUTIVE PARK DR  
STE 3  
WESTON, FL 33331

SUBJECT: PRIMARY CARE PHYSICIANS OF HOLLYWOOD.P.L.  
Ref. Number: W12000032322

We have received your document for PRIMARY CARE PHYSICIANS OF HOLLYWOOD.P.L. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CONVERSION FOR FL PROFIT INTO OTHER BUSINESS ENTITY, but your entity is a CONVERSION FOR OTHER BUSINESS ENTITY INTO FL LLC. Please complete and return the enclosed blank form(s).

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00016684

**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:

Primary Care Physicians of Hollywood, P.A.  
(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 June 7, 1977  
(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:

N/A

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

Primary Care Physicians of Hollywood, P.L.  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: June 15, 2012  
(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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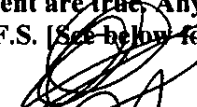
Signed this 30 day of June 2012.

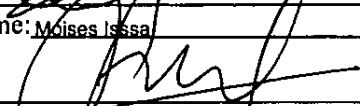
**Signature of Member or Authorized Representative of Limited Liability Company:**

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:   
Printed Name: Moises Issa Title: Member

**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:   
Printed Name: Moises Issa Title: President

Signature:   
Printed Name: Roberto Fernandez Blay Title: Vice President

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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Primary Care Physicians of Hollywood, 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:**

**Mailing Address:**

2488 N. University Drive  
Pembroke Pines, FL 33024

Same

**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.)

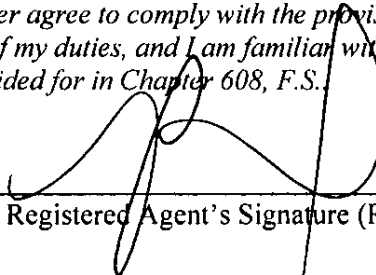
The name and the Florida street address of the registered agent are:

Paul Salver, P.A.  
Name

2721 Executive park Drive, Suite 3  
Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331  
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)

(CONTINUED)

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Moises Issa  
2488 N. University Drive  
Pemboke Pines, FL 33024

MGRM

Roberto Fernandez-Blay  
2488 N. University Drive  
Pembroke Pines, FL 33024

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

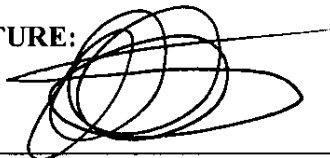
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 15, 2012  
(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.

**ARTICLE VI: PURPOSE**

The purpose for this LLC is the Operation of Medical Practice.

(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.)

Moises Issa

\_\_\_\_\_  
Typed or printed name of signee

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