

L12000126154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

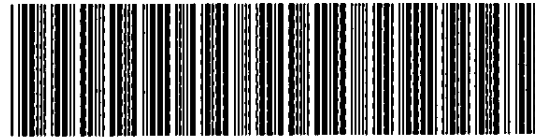
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT 4 2012

EXAMINER



700239376037

10/04/12--01014--016 **150.00

FILED
12 OCT -3 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES **†
KENNETH J. CROTTY ***
CHRISTOPHER J. DENICOLO ***
MARTHA V. SOSA

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

- LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL.M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

September 27, 2012
VIA UPS

Buck Kohr
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILE

FILED
12 OCT - 3 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: CENTER FOR DERMATOLOGY AND SKIN SURGERY, INC.
Document Number S00837

Dear Buck:

Enclosed please find a Certificate of Conversion and Articles of Organization whereby CENTER FOR DERMATOLOGY AND SKIN SURGERY, INC. will convert into CENTER FOR DERMATOLOGY AND SKIN SURGERY, L.L.C.

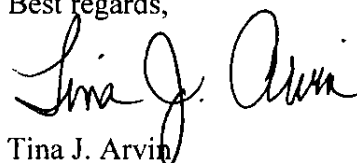
Also enclosed please find a check made payable to the Department of State in the amount of \$150.00 for filing fees.

Please do not file the enclosed documents until you are contacted by our office to do so.

We sincerely appreciate your assistance with respect to the attached.

Please contact me if you have any questions on the above.

Best regards,



Tina J. Arvin
Florida Registered Paralegal

September 27, 2012

Page 2

:tja

Enclosures

TREASURY DEPARTMENT NOTICE: TO THE EXTENT THAT THIS MESSAGE OR ANY ATTACHMENT CONCERNS TAX MATTERS, IT IS NOT INTENDED TO BE USED AND CANNOT BE USED BY A TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED BY LAW.

J:\AP\Proper\Conversion of Center for Dermatology and Skin Surgery, Inc. to L.L.C. (FL)\Kohr.Filing Letter.1.wpd
8116

12 OCT -3 PM 12:35
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
12 OCT -3 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CENTER FOR DERMATOLOGY AND SKIN SURGERY, 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.)

500837

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 09/17/1990

(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**:

CENTER FOR DERMATOLOGY AND SKIN SURGERY, L.L.C.

(Enter Name of Florida Limited Liability Company)

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

(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.

Signed this 27 day of Sept. 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: STEVEN PROPER

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: STEVEN PROPER

Title: PRESIDENT / 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTER FOR DERMATOLOGY AND SKIN SURGERY, L.L.C.

(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:

14521 UNIVERSITY POINT PLACE

TAMPA, FL 33613

Mailing Address:

14521 UNIVERSITY POINT PLACE

TAMPA, FL 33613

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:

ALAN S. GASSMAN, ESQ.

Name

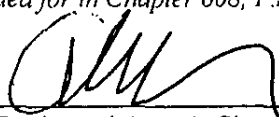
1245 COURT STREET, SUITE 102

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

CLEARWATER FL 33756

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)

FILED
12 OCT - 3 PM 12:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

MGR

STEVEN PROPER

14521 UNIVERSITY POINT PLACE

TAMPA, FL 33613

(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.)

STEVEN PROPER, Member

Typed or printed name of signee