L1200014679z

	•		
(Requestor's Name)			
(Address)			
(Address)			
	<u></u>		
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of S	Status		
Special Instructions to Filing Officer:			
	· ,		

Office Use Only

B. KOHR
NOV 21 2012
EXAMINER



000240477970

11/20/12--01003--009 **47.50

10/23/12--01014--001 **137.50

12 NOV 20 PH 1:55



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2012

DR. BERNARD GREENBERG 831 MANDALAY AVE CLEARWATER BEACH, FL 33767

SUBJECT: MEDICAL DIRECTOR ADVISORS, LLC

Ref. Number: W12000054393



We have received your document for MEDICAL DIRECTOR ADVISORS, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Proper forms are enclosed.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 212A00026139

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 5.8.608.439, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
2. The "Other Business Entity" is a Limited Liability 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 the State of Georgia (Enter state, or if a non-U.S. entity, the name of the country)
on <u>March 26th, 2005</u> . (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:
Medical Director Advisors, LLC (Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: <u>Date of filing</u> . (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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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

6. The conversion is permitted by the applicable law(s) governing the other business entity and the

currently organized, formed or incorporated.

Signed this	12th	day of _	Novembe	r	20 <u>12</u>	•			
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 Mo Printed Name:_	ember o Berna	or Author ard Gree	ized Repres enberg	entative:	Title: Ch	ىل airm	Jue an/Direct	bev tor/Office	
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:	/s;	/ BERNAF	D GREENBE	RG					
Printed Name:_	Berna	ard Gree	nberg		Title:				_
C:									
Signature: Printed Name:					Title				
Timed Name					11tic				
Signature:									
Printed Name:					Title:				_
Signatura:									
Signature: Printed Name:					Title:				_
									
Signature: Printed Name:									_
Printed Name:_					Title:				
Signature									
Signature: Printed Name:					Title:				 .
									
If Florida Corp					_				
Signature of Cha						4 _!			
If Directors or Officers have not been selected, an Incorporator must sign.									
If Florida Gene Signature of one				<u>Liability</u>	<u>Partnersh</u>	<u>ip:</u>			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.									
All others: Signature of an a	authoriz	ed person							
Fees:									
Certificate of Co Fees for Florida Certified Copy: Certificate of St	Article		anization:	\$5.00 (0	Optional) Optional) 2 of 2				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ation "L.L.C.," or the designation "LLC.")
ARTICLE I - Name:	Physical Company of the Company of t
The name of the Limited Liability Company is:	486 043 1 B
Medical Director Advisors, LLC	
(Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LLC.")
7 1 7/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ARTICLE II - Address:	Alog.
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
B31 Mandalay Ave.	831 Mandalay Ave.
Clearwater Beach, FL 33767	Clearwater Beach, FI 33767
Oleanwater Deach, 1 E 00707	old mater boast, in const
(The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the regi	
<u>Dr. Bernard Green</u>	berg
	ame
831 Mandalay Ave).
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Clearwater Beach,	FL 33767
City, Sta	ate, and Zip
	ot service of process for the above stated limited liability hereby accept the appointment as registered agent and aly 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manage "MGRM" = Mana	er	and Address:
MGR		Dr. Bernard Greenberg 831 Mandalay Ave. Clearwater Beach, FL 33767
(Use attachment if	`necessary)	
The effective date: 1) c	annot be prior to not to of State; AND 2) mon, if an effective date	(OPTIONAL) r more than 90 days after the date this document is filed by nust be the same as the effective date listed in the attached e listed therein.)
	Renad -	Heenley orized representative of a member.
(In accordance with se the penalties of perjui	ection 608.408(3), Floridary that the facts stated here	Statutes, the execution of this document constitutes an affirmation under ein are true. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.)
Bernar	d Greenberg Typed or pr	inted name of signee

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: