

#L13000117351

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

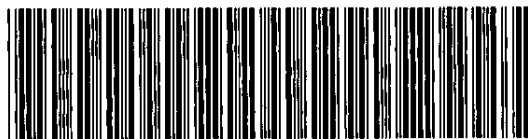
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500247535485

RECEIVED  
13 AUG 13 PM 1:49  
DIVISION OF CORPORATION

FILED  
13 AUG 13 AM 11:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 20 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 750730 7509084

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : August 2, 2013

ORDER TIME : 12:25 PM

ORDER NO. : 750730-025

CUSTOMER NO: 7509084

DOMESTIC AMENDMENT FILING

NAME: BRAY PARK EMERGENCY PHYSICIANS

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE

13 AUG 19 AM 10:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2013

CSC  
% SUSIE KNIGHT

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: BRAY PARK EMERGENCY PHYSICIANS, LLC  
Ref. Number: W13000045354

We have received your document for BRAY PARK EMERGENCY PHYSICIANS, LLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The SECOND page of the conversion requires TWO signatures. One from the converting entity and one from the resulting entity.

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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 213A00019646

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Bray Park Emergency Physicians**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Robyn Ratton**

Name of Person

**Envision Health Care**

Firm/Company

**6200 S. Syracuse Way, Ste. 200**

Address

**Greenwood Village, CO 80111**

City/State and Zip Code

**Robyn.Elliott@evhc.net**

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

For further information concerning this matter, please call:

**Robyn Ratton**

Name of Person

at ( **214** ) **934-1983**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FILED  
13 AUG 13 AM 11:08  
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:

BRAY PARK EMERGENCY PHYSICIANS #GP1300001121

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a GP  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/09/2013  
(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**:

BRAY PARK EMERGENCY PHYSICIANS, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: By:  
(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 12 day of August 2013

**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: Robyn Ratten  
Printed Name: Robyn Ratten 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: Robyn Ratten  
Printed Name: Robyn Ratten Title: Authorized Representative

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:

BRAY PARK EMERGENCY PHYSICIANS, LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

6200 S. SYRACUSE WAY

STE. 200

GREENWOOD VILLAGE, CO 80111

### Mailing Address:

6200 S. SYRACUSE WAY

STE. 200

GREENWOOD VILLAGE, CO 80111

## 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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

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

TALLAHASSEE

FL

City, State, and Zip

FILED  
13 AUG 13 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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

INPATIENT SERVICES OF FLORIDA, PA  
6200 S. SYRACUSE WAY, STE. 200  
GREENWOOD VILLAGE, CO 80111

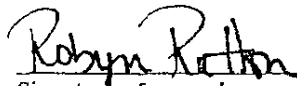
MGR

FLORIDA EM-II, INC.  
6200 S. SYRACUSE WAY, STE. 200  
GREENWOOD VILLAGE, CO 80111

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: UPON FILING. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ROBYN RATTON

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)