

L13000119490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

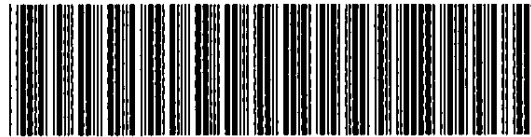
(Document Number)

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

Special Instructions to Filing Officer:

File  
2nd

Office Use Only



800250070818

RECEIVED  
DEPARTMENT OF STATE  
13 AUG 22 AM 8:56

FILED  
2013 AUG 22 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[AUG 23 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 750730 7509084

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : August 2, 2013

ORDER TIME : 10:10 AM \*\*PLEASE FILE 2ND\*\*

AFTER DISSOLUTION

ORDER NO. : 750730-015 ENTITY FORMED IN THE WRONG ORDER

CUSTOMER NO: 7509084

DOMESTIC AMENDMENT FILING

NAME: REDNER EMERGENCY PHYSICIANS,  
GP

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: \_\_\_\_\_

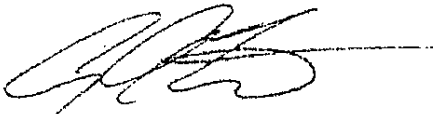
FILED  
2013 AUG 22 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

August 14, 2013

To Whom It May Concern:

Please except this letter as notice that we have no intention of rescinding the dissolution for Redner Emergency Physicians, LLC and the name is available for the general partnership to use.

Thank you,

A handwritten signature in black ink, appearing to read 'Craig Wilson', with a long horizontal line extending to the right.

Craig Wilson

**FILED**

2013 AUG 22 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Redner Emergency Physicians

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a General Partnership GP1300001135  
(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 8-12-2013

(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:

Redner 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.

2013 AUG 22 AM 11:30  
SECRETARY OF STATE  
ALBUQUERQUE, NEW MEXICO

FILED

Signed this 6 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: [Signature]

Printed Name: Kelany Kathan

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: [Signature]

Printed Name: Chris Wilson

Title: General Partner

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)

2013 AUG 22 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Redner Emergency Physicians, LLC

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

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

Attn: Legal Department

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 32301

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)

Sue G. Knight  
Assistant Vice President

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 AUG 22 AM 11:30

FILED

**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:**

MGRM

Florida EM-I Medical Services, PA  
6200 S. Syracuse Way, Ste 200  
Greenwood Village, CO 80111

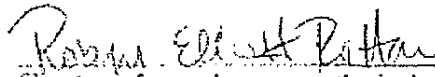
MGRM

Florida Health Services, P.A. f/k/a Florida EM-II  
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: \_\_\_\_\_ (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.)



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)

2019 AUG 22 AM 11:30  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Redner Emergency Physicians, LLC  
(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:

Robyn Ratten  
(Contact Person)

Envision Healthcare  
(Firm/Company)

6200 S. Syracuse Way, Ste. 200  
(Address)

Greenwood Village, CO 80111  
(City, State and Zip Code)

Robyn.elliott@emsc.net  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Robyn Ratten at (214) 934-1983  
(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

FILED  
2018 AUG 22 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA