

L 13000 128336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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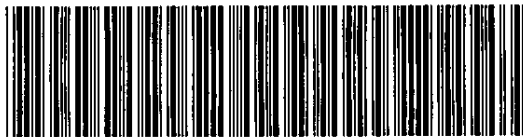
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/16---01006---022 **60.00

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DEPARTMENT OF STATE
16 JUN 30 PM 2:44

FILED
2016 JUN 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINEE

JUN 30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHMAP SOLUTIONS, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

JOSEPH VATTAMATTAM

Contact Person

HEALTHMAP SOLUTIONS, INC.

Firm/Company

400 N. TAMPA STREET, SUITE 1320

Address

TAMPA, FL 33602

City, State and Zip Code

joe.vattamattam@healthmapsolutions.com

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

For further information concerning this matter, please call:

Azurede Ross

Name of Contact Person

at (813) 443-5260

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☒ \$60.00 Filing Fee,
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

CR2E106 (07/14)

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

FILED
2016 JUN 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

HEALTHMAP SOLUTIONS, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

HEALTHMAP SOLUTIONS, INC.

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

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

on June 30, 2016
(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: June 30, 2016
(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 of the conversion under the laws governing the "Other Business Entity.")

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: REGISTERED AGENT: Brian C. Chase, Esq.
Meridian Partners, 1701 N. 20th Street, Suite B, Tampa, FL 33605
Mailing Address: Healthmap Solutions, Attn. J. Vattamattam
400 N. Tampa Street, Suite 1320, Tampa, FL 33602

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 30th day of June, 2016

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Joseph Vattamattam Title: Manager

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

Page 2 of 2

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2016 JUN 30 PM 3:19
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TALLAHASSEE FLORIDA