

U3000 131458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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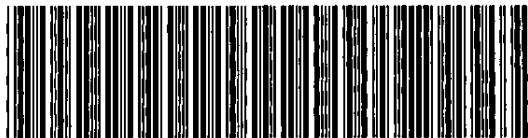
(Business Entity Name)

(Document Number)

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

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SEP 17 2013  
D. BUTLER





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 802126 7509084

AUTHORIZATION :

COST LIMIT : \$ 150

*Richard E. ...*

ORDER DATE : September 16, 2013

ORDER TIME : 1:58 PM

ORDER NO. : 802126-015

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: TIMUCUA EMERGENCY PHYSICIANS,  
LLC

EFFECTIVE DATE:

XX CONVERSION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sonya L. Cordell - EXT. 3108

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

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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:

Timucua Emergency Physicians

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general partnership

(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 \_\_\_\_\_

(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:

n/a

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Timucua Emergency Physicians, LLC

(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.

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Signed this 13<sup>th</sup> day of September 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 §817.155, F.S.

Signature of Member or Authorized Representative [Signature] \*

Printed Name Joseph H. Galewood Title President

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 §817.155, F.S. [See below for required signature(s).]

Signature [Signature] \*

Printed Name Joseph H. Galewood Title President

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 another individual person \_\_\_\_\_

Fees:

Certificate of Incorporation

\$25.00

Fees for Florida Article of Organization

\$125.00

Certified Copy \_\_\_\_\_

\$10.00 (Optional)

Certificate of Status \_\_\_\_\_

\$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Timucua 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

## 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

*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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Harry B. Davis  
Asst. Vice President

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ARTICLE IV: Manager(s) or Managing Member(s):

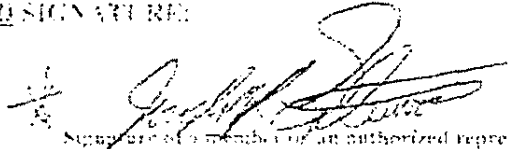
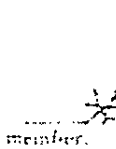
The name and address of each Manager or Managing Member is as follows:

Title	Name and Address:
"MAN" Manager	
"MAN" Managing Member	
MBN	Dr. Gatewood Emergency Physicians, PA 5200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111
MBN	GCS Accident Management, Inc. 5200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111

I so certify that it is 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.

By signing this document, the undersigned, in the presence of the undersigned, certifies that the undersigned is a member of the undersigned, and that the undersigned is a member of the undersigned, and that the undersigned is a member of the undersigned.

Joseph H. Gatewood, M.D.  
President/Managing Member

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)

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