

#L13000178359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

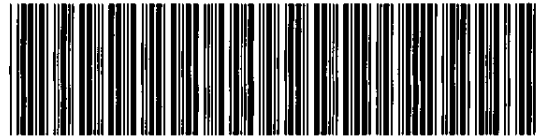
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100253927041

EFFECTIVE DATE
12-31-2013

RECEIVED
DEPARTMENT OF STATE
13 DEC 30 PM 1:51

FILED
13 DEC 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 31 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 942494 4369500

AUTHORIZATION :

A handwritten signature in dark ink, appearing to read "J. J. DeLeon", is written over the authorization line.

COST LIMIT : \$ 180.00

ORDER DATE : December 27, 2013

ORDER TIME : 3:48 PM

ORDER NO. : 942494-010

CUSTOMER NO: 4369500

DOMESTIC AMENDMENT FILING

NAME: HCFS HEALTH CARE FINANCIAL
SERVICES, INC.

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

EFFECTIVE DATE
12-31-2013

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

FILED
13 DEC 30 AM 10:29
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:

HCFS HEALTH CARE FINANCIAL SERVICES, INC. #P95000091667

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on 11/30/1995

(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:

HCFS HEALTH CARE FINANCIAL SERVICES, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: By: 11:59 pm EST on 12/31/13 pursuant to*
(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.)

*Fla. Stat. Section 608.439(3)(d)

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 27 day of December 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: John R. Stair Title: Assistant Secretary

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: John R. Stair Title: Assistant Secretary

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)

EFFECTIVE DATE
12-31-2013

ARTICLES OF ORGANIZATION
OF
HCFS HEALTH CARE FINANCIAL SERVICES, LLC

FILED
13 DEC 30 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I — Name:

The name of the Limited Liability Company is HCFS Health Care Financial Services, LLC (the "Company").

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is 265 Brookview Centre Way, Suite 400, Knoxville, Tennessee 37919.

ARTICLE III — Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV — Registered Agent:

The street address of the initial registered office of the Company shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the Company at that address is Corporation Service Company.

ARTICLE V — EFFECTIVE DATE:

The filing of these Articles of Organization shall be effective as of 11:59 p.m. on December 31, 2013 pursuant to Fla. Stat. 608.409(2).

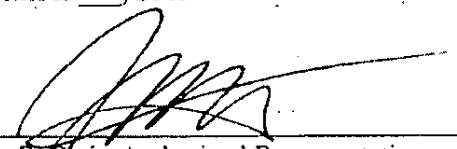
ARTICLE VI — Indemnification

The Company shall indemnify and hold harmless its members and directors against any and all claims and demands whatsoever.

ARTICLE VII — Amendment

These Articles of Organization may be altered, amended or repealed in accordance with the Limited Liability Company Agreement of the Company in accordance with the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of December 27, 2013.



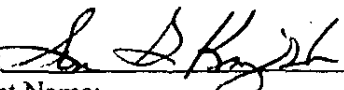
John R. Stair, Authorized Representative

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

HCFS HEALTH CARE FINANCIAL SERVICES, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Corporation Service Company

By: 

Print Name: _____

Print Title: Sue G. Knight

Assistant Vice President

Dated: December 27, 2013