

L15000186549

(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



500278809595

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV -4 PM 3:53

RECEIVED  
2015 NOV -4 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 4 2015

T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 859722 4369500

AUTHORIZATION :

COST LIMIT : \$ 185.00

ORDER DATE : November 4, 2015

ORDER TIME : 10:50 AM

ORDER NO. : 859722-005

CUSTOMER NO: 4369500

DOMESTIC CONVERSION FILING

NAME: WOLVERINE ANESTHESIA  
CONSULTANTS, INC.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

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

**ARTICLES OF CONVERSION**

for

**WOLVERINE ANESTHESIA CONSULTANTS, INC.,** **P98-89413**  
*a Florida corporation*

into

**WOLVERINE ANESTHESIA CONSULTANTS, LLC,**  
*a Florida limited liability company*

In accordance with Section 605.1045 of the Florida Revised Limited Liability Company Act, the following Articles of Conversion (these "Articles") are submitted to convert **WOLVERINE ANESTHESIA CONSULTANTS, INC.**, a Florida corporation, into **WOLVERINE ANESTHESIA CONSULTANTS, LLC**, a Florida limited liability company:

1. The name of the "Other Business Entity" immediately prior to the filing of these Articles is Wolverine Anesthesia Consultants, Inc.
2. The "Other Business Entity" is a corporation first incorporated under the Florida Business Corporation Act on October 20, 1998.
3. The name of the Florida Limited Liability Company as set forth in the Articles of Organization attached hereto as Exhibit A is Wolverine Anesthesia Consultants, LLC.
4. These Articles shall be effective upon filing.
5. The plan of conversion has been approved in accordance with Sections 607.1112-607.1114 of the Florida Business Corporation Act.

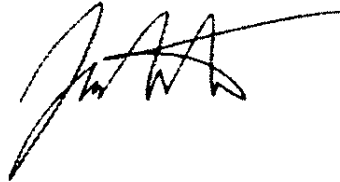
*[Signatures appear on following page]*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
15 NOV -4 PM 3:53

**IN WITNESS WHEREOF**, the undersigned have executed these Articles of Conversion of Wolverine Anesthesia Consultants, Inc. as of the date first set forth above.

**OTHER BUSINESS ENTITY:**

**WOLVERINE ANESTHESIA CONSULTANTS,  
INC.**



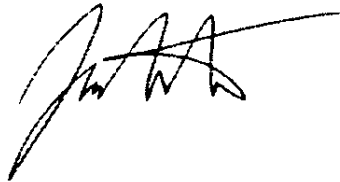
By: \_\_\_\_\_

Name: John R. Stair

Title: Assistant Secretary

**LIMITED LIABILITY COMPANY:**

**WOLVERINE ANESTHESIA CONSULTANTS,  
LLC**



By: \_\_\_\_\_

Name: John R. Stair

Title: Authorized Representative

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV -4 PM 3:53

**EXHIBIT A**  
**ARTICLES OF ORGANIZATION**

(see attached)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV -4 PM 3:53

**ARTICLES OF ORGANIZATION  
OF  
WOLVERINE ANESTHESIA CONSULTANTS, LLC**

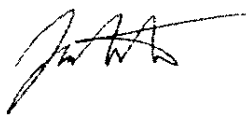
These Articles of Organization (these "Articles") of Wolverine Anesthesia Consultants, LLC, are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Wolverine Anesthesia Consultants, LLC.
2. The street address of the principal office of the limited liability company is 7111 Fairway Drive, Suite 450, Palm Beach Gardens, FL 33418.
3. The mailing address of the limited liability company is 265 Brookview Centre Way, Suite 400, ATTN: Legal, Knoxville, Tennessee 37919.
4. The name and street address of the registered agent of the limited liability company is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

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 605, F.S.

 **Harry B. Davis**  
**Asst. Vice President**  
Registered Agent's Signature

5. The name and address of the sole member is Team Anesthesia, LLC, 265 Brookview Centre Way, Suite 400, Knoxville, Tennessee 37919. Such sole member is authorized to manage and control the limited liability company.

  
\_\_\_\_\_  
John R. Stair, Authorized Person

(In accordance with section 605.0203 (1) (b), 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.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 2014  
PM 3:53