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9/12/14

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

ACCOUNT NO. : I20000000195

REFERENCE : 286651 7361228

AUTHORIZATION :

COST LIMIT : \$150.00

ORDER DATE : September 9, 2016

ORDER TIME : 9:45 AM

ORDER NO. : 286651-005

CUSTOMER NO: 7361228

DOMESTIC AMENDMENT FILING

NAME: COLLIER ANESTHESIA PAIN P.A.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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

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CERTIFICATE AND ARTICLES OF CONVERSION FOR  
COLLIER ANESTHESIA PAIN, P.A. INTO  
COLLIER ANESTHESIA PAIN, LLC

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This Certificate and Articles of Conversion (the "Articles of Conversion") is submitted to convert Collier Anesthesia Pain, P.A., a Florida professional association, into a limited liability company, in accordance with Florida Statutes, Section 621.13, Section 607.1113 and Section 605.1041(2).

1. The name of the Florida professional association converting into the limited liability company is Collier Anesthesia Pain, P.A., and immediately prior to the filing of this Articles of Conversion, was a Florida professional association incorporated on June 14, 2004, under Document Number P04000089804.

2. The name of the limited liability company into which Collier Anesthesia Pain, P.A., will be converted is Collier Anesthesia Pain, LLC. The Articles of Organization for Collier Anesthesia Pain, LLC are attached to this Articles of Conversion.

3. The conversion of Collier Anesthesia Pain, P.A., into Collier Anesthesia Pain, LLC is in compliance with the following Florida Statutes: (a) Chapter 621, the Professional Service Corporation and Limited Liability Company Act; (b) Chapter 607, the Florida Business Corporation Act; and (c) Chapter 605, the Florida Revised Limited Liability Company Act.

4. The plan of conversion was approved by all of the shareholders and directors of Collier Anesthesia Pain, P.A., in accordance with Florida Statute, Section 607.1112.

5. The plan of conversion was approved by all of the members and managers of Collier Anesthesia Pain, LLC, in accordance with Florida Statute, Sections 605.1041 to 605.1046.


6. This conversion shall be effective as of September 12, 2016.

7. The limited liability's company's principal office address is: 4035 Evans Avenue, Fort Myers, Florida 33901.


8. The limited liability company has agreed to pay any shareholders having appraisal rights the amount to which they are entitled under Florida Statutes, Sections 607.1301 - 1333.

Signed this 9 day of September, 2016.

COLLIER ANESTHESIA PAIN, P.A.,  
a Florida professional association

By:   
Wayne Isaacson, M.D., President

COLLIER ANESTHESIA PAIN, LLC,  
a Florida limited liability company

By:   
Wayne Isaacson, M.D., Manager

ARTICLES OF ORGANIZATION  
FOR LIMITED LIABILITY COMPANY

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ARTICLE I

The name of the limited liability company is: Collier Anesthesia Pain, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is:

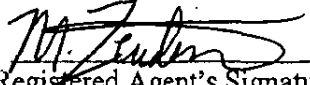
4035 Evans Avenue  
Fort Myers, Florida 33901

ARTICLE III

The name and the Florida street address of the registered agent are:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

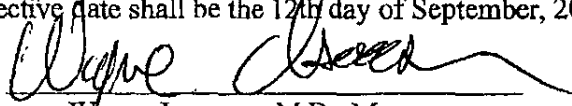
*Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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.*

  
Registered Agent's Signature

Melissa Zender  
Asst. Vice President

ARTICLE IV

The effective date shall be the 12<sup>th</sup> day of September, 2016.

  
Wayne Isaacson, M.D., Manager

(This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.)