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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 29 2017 3:32

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date:

11/28/17

ACCT. I20160000072

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Name:	Physicians Day Surgery Center LLC
Document #:	
Order #:	10729077

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	GOGS:

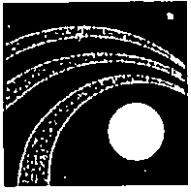
Availability	_____
Document	_____
Examiner	_____
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W.P. Verifier	_____
Ref#	_____

Amount: \$ 185

Thank you!

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11/28/17  
11:51 AM  
11/28/17



# Physicians Day Surgery Center

Phone: (239) 596-2557

Fax: (239) 596-2563

850 111<sup>th</sup> Avenue North, Naples, Florida 34108

[www.physiciansdaysurgery.net](http://www.physiciansdaysurgery.net)

November 14, 2017

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL, 32301

Re: Corporate Conversion from PHYSICIANS DAY SURGERY CENTER, INC., to  
PHYSICIANS DAY SURGERY CENTER, LLC.

Dear Sir or Madam,

I am the current President of Physicians Day Surgery Center, Inc. In connection with the Corporate Conversion from Physicians Day Surgery Center, Inc. to Physicians Day Surgery Center, LLC, please be advised that it is our intent to abandon the name Physicians Day Surgery Center, Inc., in order to convert into this new business entity.

In the event that you require anything further, do not hesitate to contact us.

Very Truly Yours,

Steven L. Bello, M.D., President

17 NOV 28 AM 9:07  
STATE

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Physicians Day Surgery Center, LLC

(Name of Resulting Florida Limited Company)

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

Please return all correspondence concerning this matter to:

Jacqueline A. Bain, Esq.

(Contact Person)

The Florida Healthcare Law Firm

(Firm/Company)

CenterState Bank Bld., 909 SE 5th Ave., Suite 200

(Address)

Delray Beach, FL 33483

(City, State and Zip Code)

Jackie@FloridaHealthcareLawFirm.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jacqueline A. Bain

at (561) 455-7700

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Physicians Day Surgery Center, Inc. (097000 31621)

(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 April 8, 1997  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Physicians Day Surgery Center, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_ on the date of filing

**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

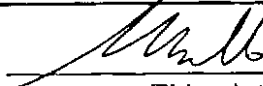
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. 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.

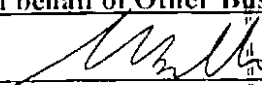
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Signed this 14th day of November 2017.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Steven L. Bello, M.D. Title: Authorized Member

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: Steven L. Bello, M.D. 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 an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

17 NOV 28 AM 3:07  
ST. J. C. S. C.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Physicians Day Surgery Center, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

850 111th Ave. North

Coventry Square

Naples, FL 34108

### Mailing Address:

850 111th Ave. North

Coventry Square

Naples, FL 34108

## 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:

Jeffrey Cohen, Esq.

Name

909 SE 5th Ave., Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FL 33483

City

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 605, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STREET

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

Steven L. Bello

1879 Veterans Park Drive

Naples, FL 34109

Jacob H. Jordan

2335 Tamiami Trail North Suite 501

Naples, FL 34103

Justin Warner

2335 Tamiami Trail North Suite 501

Naples, FL 34103


See Attached

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

The effective date shall be the date upon which these Articles of Organization were filed with the Secretary of State.

**REQUIRED SIGNATURE:**

  
**Signature of a member or an authorized representative of a member**

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.

Steven L. Bello

Typed or printed name of signer

**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)

NOV 28 AM 9:00  
SECRET



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PHYSICIANS DAY SURGERY CENTER, LLC

ARTICLE IV (CONT'D)

Title	Name and Address
AMBR	Richard J. Salm 681 Goodlette Road North, Suite 160 Naples, FL 34102
AMBR	Leon P. Mead 730 Goodlette Road North, Suite 201 Naples, FL 34102
AMBR	e. Sean Kelly 600 Portside Drive Naples, FL 34103
AMBR	Michael Havig 2550 Coach House Lane Naples, FL 34105
AMBR	Todd Burmeister 13723 Luna Drive Naples, FL 34109
AMBR	Herbert S. Gates 2055 Swainsons Run Naples, FL 34105
AMBR	Jan Forszpaniak 6001 Pelican Bay Blvd. #602 Naples, FL 34108
AMBR	Thomas Magardino 2323 Tarpon Rd. Naples, FL 34102
AMBR	Saurabh Patel 24101 Tuscany Court Bonita Springs, FL 34134
AMBR	Alyosha Tunkle 656 Hickory Road Naples, FL 34108

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