

L19000160365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

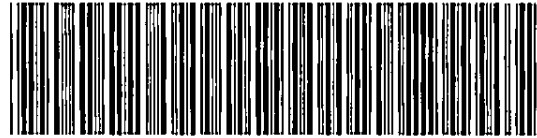
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/19--01020--011 **155.00

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19 JUN 27 PM 4: 07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 27 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IMA of South Florida, 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:

David J Menkhaus

(Contact Person)

Moore & Menkhaus, PL

(Firm/Company)

1900 Glades Road, Suite 300

(Address)

Boca Raton, FL 33431

(City, State and Zip Code)

bocagross@aol.com

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

For further information concerning this matter, please call:

Debbie Renken

at (561)

394-7910

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

DAVID J. MENKHAUS
MOORE & MENKHAUS, PL
1900 GLADES ROAD, SUITE 300
BOCA RATON, FL 33431

SUBJECT: IMA OF SOUTH FLORIDA, LLC
Ref. Number: W19000053773

We have received your document for IMA OF SOUTH FLORIDA, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

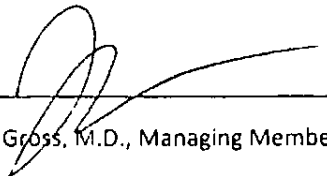
Letter Number: 219A00011208

June 26, 2019

Florida Secretary of State

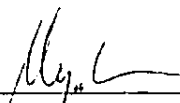
To whom it may concern:

I am writing to you regarding IMA South Florida, LLC with Document Number L19000077190 will never revoke the dissolution of IMA South Florida, LLC. This document shall serve as the acknowledgement that 100% of the LLC members have agreed to the above statement.



Jeffrey Gross, M.D., Managing Member

6/27/19
Date



Meyer Cohen, M.D., Managing Member

6/27/19
Date

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

FILED
19 JUN 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Internal Medicine Associates, P.A.

(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 12/04/2000
(date of organization, formation or incorporation)

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

IMA of South Florida, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Jan 1, 2019
(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.

Signed this 22nd day of May 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Jeffrey Gross, M.D. Title: Managing Member

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

Signature: _____
Printed Name: Jeffrey Gross, 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMA of South Florida, 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:

1601 Clint Moore Road

Suite 115

Boca Raton, FL 33487

Mailing Address:

1601 Clint Moore Road

Suite 115

Boca Raton, FL 33487

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 Gross

Name

1601 Clint Moore Road, Suite 115

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

Boca Raton

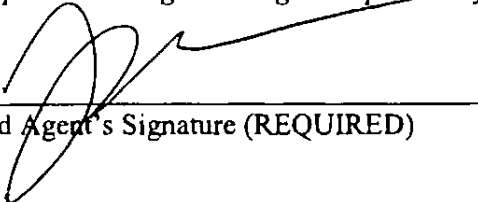
FL 33487

City

Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

(Use attachment if necessary)

Name and Address:

Jeffrey Gross

1601 Clint Moore Road, Suite 115

Boca Raton, FL 33487

Meyer Cohen

1601 Clint Moore Road, Suite 115

Boca Raton, FL 33487

See attached Listing for additional Members

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TALLAHASSEE, FLORIDA

ARTICLE V: Other provisions, if any.

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.

Jeffrey Gross, M.D.

Typed or printed name of signee

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)

**IMA OF SOUTH FLORIDA, LLC
ADDITIONAL MEMBERS**

AMBR David L. Slotnick, M.D.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Aaron L. Klein, D.O.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Robert W. Schneider, D.O.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Leor Skoczylas, M.D.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Sara S. Levine, M.D.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Andrew C. Lehmann, M.D.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Marc Rosenberg, D.O.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

AMBR Brian Moraes, D.O.
1601 Clint Moore Road, Suite 115
Boca Raton, FL 33487

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TALLAHASSEE, FLORIDA