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(Requestor's Name)

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(City/State/Zip/Phone #)

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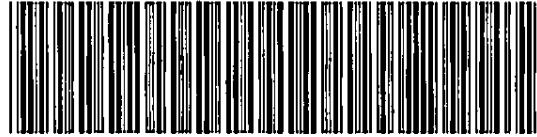
(Business Entity Name)

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2020 AUG 10 PM 12:52
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TALLAHASSEE, FL

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GASSMAN, CROTTY & DENICOLO, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***^
CHRISTOPHER J. DENICOLO***
BRANDON L. KETRON*~
JOHN N. BECK*
ADRIANA M. CHOI

1245 COURT STREET
CLEARWATER, FL 33756
TELEPHONE: (727) 442-1200
FAX: (727) 443-5829
WWW.GASSMANLAW.COM

*LL.M. IN TAXATION
+BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
***LL.M. IN ESTATE PLANNING
^BOARD CERTIFIED LAWYER TAX LAW
~CERTIFIED PUBLIC ACCOUNTANT

August 10, 2020
VIA UPS

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

Re: **MOSES K. SHIEH, D.O., P.A.**
Document Number: P11000073547

RECEIVED
2020 AUG 12 AM 11:51
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

Dear Sir/Madam:

On April 1, 2020, we mailed the enclosed Articles of Conversion and Articles of Organization whereby MOSES K. SHIEH, D.O., P.A., a Florida professional association, will convert into SURGICAL HEALING ARTS CENTER, L.L.C., a Florida limited liability company.

To date, the above referenced conversion has not been filed. We have been in contact with the Florida Secretary of State and were informed the Conversion was rejected because of an Annual Report that was not filed. We have since filed the Annual Report and were informed that the Conversion and Articles of Organization would be filed immediately.

After several failed attempts to get into contact with your office, we kindly request that you please file the Articles of Conversion and Articles of Organization effective August 10, 2020.

Please contact me if you have any questions on the above.

Very truly yours,


Adriana M. Choi

AMC:amc
Enclosures

New Filing Section

April 1, 2020

Page 2

SASE

cc: Dr. Moses K. Shieh (w/encls.) via email
Michael Hill (w/encls.) via email

J:\S\Shieh, Moses\MOSES K. SHIEH, D.O., P.A. (FL)\CONVERSION\Fl. Sec. of State. 1a.wpd
9666

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SECRETARY OF STATE
TALLAHASSEE, FL

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:
MOSES K. SHIEH, D.O., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional association
(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 August 12, 2011
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
SURGICAL HEALING ARTS CENTER., L.L.C.

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(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 19 day of April 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: Alan S. Gassman

Title: Authorized Representative

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

Signature: _____

Printed Name: Moses K. Shieh

Title: Director

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 10 PM12:52

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SURGICAL HEALING ARTS CENTER, L.L.C.

(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:

1245 Court Street

Clearwater, FL 33756

Mailing Address:

1245 Court Street

Clearwater, FL 33756

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:

Alan S. Gassman

Name

1245 Court Street

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

Clearwater

FL 33756

City

Zip

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Name and Address:

MOSES K. SHIEH

1245 Court Street

Clearwater, FL 33756

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Alan S. Gassman, Authorized Representative

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)