

L22000500655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

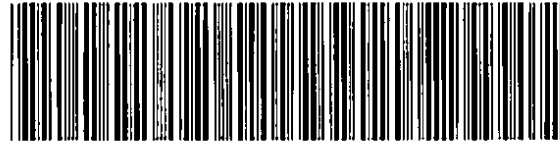
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
DEC - 2 2022

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2022 NOV 28 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 NOV 28 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ _150.00_

Authorization Signature: James Lull
Van Buren Medical Center, LLC

Business

Document #

☐ Walk in
☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/
☐ Merger
☒ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

APOSTIL
Country

⌋ **REGISTRATION/QUALIFICATIONS**

☐ Foreign filing
☐ Statement of AUTHORITY
☐ Reinstatement
☐ Other

AMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Please use funds from this account: I20210000160 Amount: \$ _150.00_

Authorization Signature: Jan F. [Signature]
Van Buren Medical Center, LLC

Business

Document #

☐ Walk in
☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Incorporation**

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☐ Reinstatement

☐ Other

MINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Van Buren Medical 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:

Eric D. Kuper

(Contact Person)

Silverman Schermer, PLLC

(Firm/Company)

100 S.E. 3rd Avenue, Suite 1850

(Address)

Ft. Lauderdale, FL 33394

(City, State and Zip Code)

steve.leykind@premiermhs.com

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

For further information concerning this matter, please call:

Eric D. Kuper at (954) 314-4000

(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

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: VAN BUREN MEDICAL CENTER, LLC
Ref. Number: W22000146082

We have received your document for VAN BUREN MEDICAL CENTER, LLC.
However, the document has not been filed and is being returned for the following:

The Articles of Conversion needs to have the date that the original entity was first
formed and organized.,

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 422A00026149

RECEIVED

2022 NOV 30 PM 3:41

FLORIDA DEPARTMENT OF STATE

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

RECEIVED
FEB 27 1995
FBI 3:10

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:
Van Buren Medical Center, Inc.

(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 P95000025088 03/27/1995
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Van Buren Medical Center, LLC

(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.

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
OF
VAN BUREN MEDICAL CENTER, LLC
(a Florida Limited Liability Company)**

The undersigned, for the purpose of forming a Florida Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopts, makes, signs and delivers these Articles of Organization:

**ARTICLE I
NAME**

The name of the limited liability company is **Van Buren Medical Center, LLC** (the "Company").

**ARTICLE II
MAILING AND PRINCIPAL OFFICE ADDRESS**

The mailing address and principal office address of the Company is 4330 Sheridan Street, Suite 201B, Hollywood, FL 33021.

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and address of the Company's initial registered agent and registered office are: Steve Leykind, 4330 Sheridan Street, Suite 201B, Hollywood, FL 33021.

**ARTICLE IV
MANAGEMENT**

The Company shall be manager-managed.

**ARTICLE V
PURPOSE**

The purpose for which the Company is organized is any lawful business.

The undersigned has executed these Articles of Organization as of November 28, 2022.



Alex Gay, M.D.
Authorized Representative

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement in designating the registered agent and registered office in the State of Florida:

The name of the limited liability company is **Van Buren Medical Center, LLC** (the "Company").

The Registered Agent and Registered Office of the Company are Steve Leykind, 4330 Sheridan Street, Suite 201B, Hollywood, FL 33021.

Having been named as Registered Agent and to accept service of process for the Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in such 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.

Dated: November 28, 2022.



Steve Leykind

2022 NOV 28 PM 3:00
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT