

123 000 430 443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

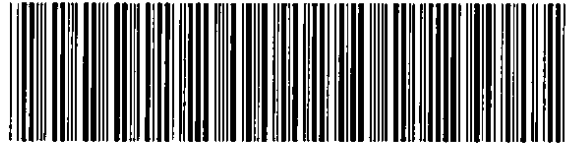
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 AUG 18 AM 8:42

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## COVER LETTER

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

**SUBJECT:** Cuthbert Anesthesia PLLC

(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 Cuthbert

(Contact Person)

Cuthbert Anesthesia PLLC

(Firm/Company)

2521 Ventura Cir West

(Address)

Melbourne, FL 32904

(City, State and Zip Code)

cuthbert.eric@outlook.com

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

For further information concerning this matter, please call:

Eric Cuthbert

at (321) 557-3017

(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

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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:  
Cuthbert Anesthesia PLLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional limited liability company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Texas  
(Enter state, or if a non-U.S. entity, the name of the country)

on January 23, 2022  
(date of organization, formation or incorporation)

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

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: January 24, 2022

**(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 12th day of August 2023 20\_\_\_\_\_.

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

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Printed Name: Eric Cuthbert Title: MGR

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)



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Cuthbert Anesthesia PLLC

(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:

2521 Ventura Cir West

Melbourne, FL 32904

### Mailing Address:

2521 Ventura Cir West

Melbourne, FL 32904

## 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:

Eric Cuthbert

Name

2521 Ventura Cir West

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

Melbourne

FL 32904

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..*

Eric Cuthbert

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

Eric Cuthbert

2521 Ventura Cir West

Melbourne, FL 32904

\_\_\_\_\_

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(Use attachment if necessary)

**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.

Eric Cuthbert

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)**

FILED

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## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Cuthbert Anesthesia PLLC  
File Number: 804399679

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

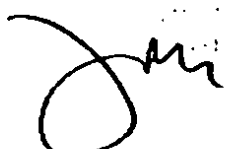
ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 01/23/2022

Effective: 01/24/2022



  
John B. Scott  
Secretary of State

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2022 JAN 24 PM 3:42



## Office of the Secretary of State

January 27, 2022

Attn: Eric A Cuthbert

Eric A Cuthbert  
3014 Lois Ln  
Rowlett, TX 75088 USA

RE: Cuthbert Anesthesia PLLC  
File Number: 804399679

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <https://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure

2022 JAN 27 10:12 AM  
FEB 1 2022

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709



**Certificate of Formation  
Professional Limited Liability  
Company**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 804399679 01/23/2022  
Document #: 1113641480002  
Image Generated Electronically  
for Web Filing

Filing Fee: \$300

**Article 1 - Entity Name and Type**

The filing entity being formed is a professional limited liability company. The name of the entity is:

**Cuthbert Anesthesia PLLC**

**Article 2 - Registered Agent and Registered Office**

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

**Eric Cuthbert**

C. The business address of the registered agent and the registered office address is:

Street Address:

**3014 Lois Ln Rowlett TX 75088**

**Consent of Registered Agent**

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

**Article 3 - Governing Authority**

☒ A. The limited liability company is to be managed by managers.

OR

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Eric Cuthbert**

Title: **Manager**

Address: **3014 Lois Ln Rowlett TX, USA 75088**

**Article 4 - Purpose**

The company is organized for the rendition of the professional service set forth below:

**Provide Anesthesia and other medical services within the scope of practice of a CRNA.**

**Supplemental Provisions / Information**

(The attached addendum, if any, is incorporated herein by reference.)

**Texas APRN lic.pdf**  
**NBCRNA.pdf**

**Initial Mailing Address**

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

**3014 Lois Ln**  
**Rowlett, TX 75088**  
**USA**

**Organizer**

The name and address of the organizer are set forth below.

**Eric Cuthbert**      **3014 Lois Ln Rowlett Tx 75088**

**Effectiveness of Filing**

☐ A. This document becomes effective when the document is filed by the secretary of state.

**OR**

☒ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **January 24, 2022**

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

**Eric Cuthbert**

Signature of Organizer

**FILING OFFICE COPY**

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## Your Licenses with Texas

[Inactivate your License](#)
[Apply for License](#)

License Number	License Type	APRN-CRNA	Compact Status	License Granted Date	License Expiration Date	License Status
1057540	APRN-CRNA	N/A		Oct 26, 2021	Aug 31, 2023	● Current-APRN MSR

### Original Issue Current Issue

Population Focus	Date	Date	Expiration Date	Status
Family/Individual across the Lifespan	Oct 26, 2021	Oct 26, 2021	Aug 31, 2023	Active

[View Prescriptive Authority Details](#)

Prescriptive Authority Number: 41393

Current Issue Date	Expiration Date	Status
Oct 26, 2021	Aug 31, 2023	Active

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2021 OCT 26 11:00 AM

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Less ^



Be it known that

Eric Cuthbert, CRNA

ID: 132004

having satisfied the requirements for

*Certification*

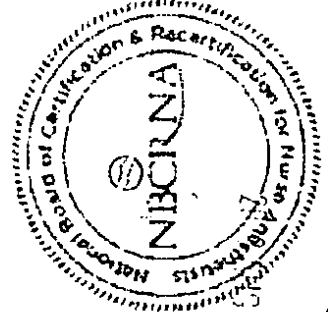
as prescribed by  
the National Board of Certification and Recertification for Nurse Anesthetists  
is now entitled to recognition as a

*Certified Registered Nurse Anesthetist*

In Witness thereof, I the President of the National Board of Certification and  
Recertification for Nurse Anesthetists have caused the official seal of the National  
Board of Certification and Recertification for Nurse Anesthetists to be hereto affixed.

Issue Date: May 01, 2020  
Expiration Date: May 31, 2024

This certificate is and shall remain the property of the  
NBCRNA. It is valid only while the holder maintains  
his/her NBCRNA certification. If certification is not  
maintained, the certificate is no longer valid and is  
subject to forfeiture and redelivery.



*Terry C Wick*  
Terry C Wick, CRNA, NBCRNA President

*Karen Platts*  
Karen Platts, PhD, CRNA, FAAN, CAE, NBCRNA CEO

FILED