

L23000453496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

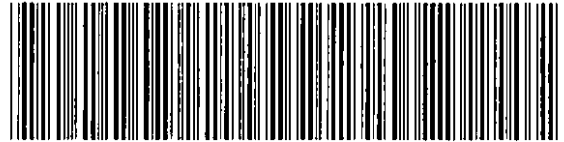
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

09/15/23

Office Use Only



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06/12/23--01010--026 \*\*150.00

S. CHATHAM  
OCT - 3 2023

13:08:31

Robert G. Schrader, Esq.

*Member of the Florida Bar since 1987*

PO Box 397

North Conway, NH 03860

603.662.6225

Bob@RobertGSchrader.com

Via email: NewFilingsCorpHelp@DOS.MyFlorida.com  
and Priority Mail

August 11, 2023

Florida Division of Corporations  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: Document # W23000089475**

**Conversion Ascent Medical LLC (MD) to Goodrich Medical, PLLC (FL) File date 6/7/2023**

I am writing because our office still has not received the rejected filing which was mailed in June. We fear the rejected filing was lost in the mail.

In mid-July SunBiz showed the filing was rejected. We waited another week in anticipation of processing and mailing time, then called the FL Div of Corp. on July 24, to request a copy of the rejected filing. At that time very helpful woman who answered, put me on hold to check with the new filing office and confirmed they would send out the rejection notice. They also confirmed the oversight was on our part in listing the specific purpose for the PLLC - our error because the client decided to change to a PLLC at the last minute and we omitted the Specific Purpose of "Medical Practice". I asked if we could update the purpose by phone or email since the fee was processed and avoid further delay and save your office the time and cost to return the filing but was told we had to wait for return of the rejected filing.

We waited another two weeks and then emailed on August 2, 2023, to follow up since as of today, August 11, 2023, we still have not received the rejected filing. The fee check of \$150 cleared our bank on June 14.

In order to expedite the correction, we are sending by priority mail and email a duplicate/corrected original filing that includes the Purpose language "The purpose of the company is limited to the practice of Medicine", copy of the cleared fee check, copy of the SunBiz page showing Doc# and dates. We hope that this will allow your office to finalize the filing and conversion.

If you need any additional information or have any questions, please contact me by email at bob.schrader.esq@gmail.com or by phone at 561- 376-2820 (O) or 603-662-6225 (C).

Respectfully,



Bob Schrader, Esq.

2023 SEP 15 AM 9:13  
U.S. MAIL  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2023

ROBERT G SCHRADER  
PO BOX 397  
NORTH CONWAY, NH 03860 US

SUBJECT: GOODRICH MEDICAL PLLC  
Ref. Number: W23000089475

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 923A00014481

**COVER LETTER**

*Duplicate  
Original*

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

**SUBJECT:** Goodrich Medical PLLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are ~~submitted~~ <sup>resubmitted</sup> 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:

*Original filing rejected  
W23000089475*

Robert G Schrader

(Contact Person)

Robert G Schrader Esq PLLC

(Firm/Company)

PO Box 397

(Address)

North Conway, NH 03860

(City, State and Zip Code)

bob.schrader.esq@gmail.com

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

For further information concerning this matter, please call:

Bob Schrader

at ( 603 ) 662-6225

(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

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

2020/01/15 AM 8:31

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:  
ASCENT MEDICAL LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 MARYLAND  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/20/2021  
(date of organization, formation or incorporation)

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

GOODRICH MEDICAL PLLC

(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.)**

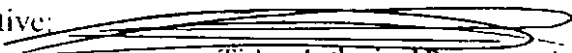
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 5 day of JUNE, 2023.

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

Signature of Authorized Representative: 

Printed Name: Robert G. Schrader, Esq. Title: Authorized Representative

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

Signature: 

Printed Name: Robert G. Schrader, Esq. Title: Authorized Representative

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)

2023 SEP 15 1:18:31

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GOODRICH MEDICAL 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:

9424 Baymeadows Road

Suite 250

Jacksonville, FL 32256

### Mailing Address:

9424 Baymeadows Road

Suite 250

Jacksonville, FL 32256

## 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:

Christopher Goodrich

Name

9424 Baymeadows Road, Suite 250

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

Jacksonville

FL 32256

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.*

Christopher Goodrich

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15  
FEB 18:31

**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

**Name and Address:**

Christopher Goodrich

9424 Baymeadows Road, Suite 250

Jacksonville, FL 32256

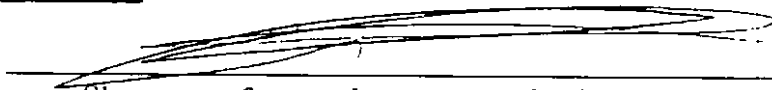
(Use attachment if necessary)

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

The purpose of the company is limited to the practice of Medicine.

2021 SEP 15 PM 3:31

**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.

Robert G. Schrader, Esq., 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)**