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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

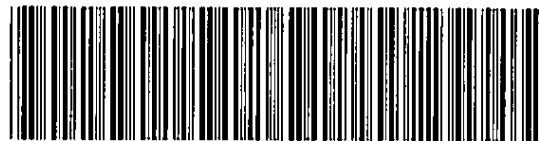
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(Document Number)

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

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

Special Instructions to Filing Officer:

Office Use Only

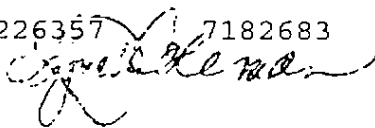


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*JP*  
*12/28/23*

RECEIVED  
DEC 22 PM 3:11  
CLERK OF SUPERIOR COURT  
JANUARY 10, 2024

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 226357 7182683  
AUTHORIZATION :   
COST LIMIT : \$ 150.00

ORDER DATE : December 22, 2023  
ORDER TIME : 1:14 PM  
ORDER NO. : 226357-005  
CUSTOMER NO: 7182683

DOMESTIC AMENDMENT FILING

NAME: FLORIDA EMERGENCY PHYSICIANS  
KANG & ASSOCIATES, M.D., INC.

EFFECTIVE DATE: 12/31/2023

XX ARTICLES OF CONVERSION AND INCORPORATION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**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:  
Florida Emergency Physicians Kang & Associates, M.D., 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 February 6, 1960  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Florida Emergency Physicians Kang & Associates, M.D., LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12/31/2023 at 11:59 P.M. EST

**(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 20th day of December 2023.

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

Signature of Authorized Representative: John R. Stair  
Printed Name: John Stair Title: Assistant Secretary

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

Signature: John R. Stair  
Printed Name: John Stair Title: Assistant Secretary

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:

Florida Emergency Physicians Kang & Associates, M.D., 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:

500 Winderley Place

Suite 115

Maitland, FL 32751

#### Mailing Address:

265 Brookview Centre Way

Suite 400

Knoxville, TN 37919

### 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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..*

Alexis Wainwright-Jensen, ACP

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

**Name and Address:**

See attached.

(Use attachment if necessary)

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

These Articles of Organization are to be effective as of December 31, 2023 at 11:59 P.M. EST

The Limited Liability Company shall be member-managed.

**REQUIRED SIGNATURE:**

*John R. Stair*

**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.

John Stair

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)**

**IV. Authorized Persons.**

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

<u>Title:</u>	<u>Name and Address:</u>
President	Michael Corvini, M.D. 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Vice President	Rob Evans 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Vice President	Emily Simon 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Vice President	Shannon McCormack 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Treasurer, Secretary	Alice Leone 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Assistant Secretary	John R. Stair 265 Brookview Centre Way Attn: Legal Department Suite 400 Knoxville, TN 37919
Assistant Treasurer	John Barrack 265 Brookview Centre Way Suite 400 Knoxville, TN 37919
Assistant Treasurer	Lara Owens 265 Brookview Centre Way Suite 400 Knoxville, TN 37919