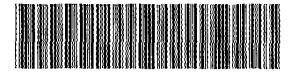
P06000018724

(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



900063143989

2006 FEB -9 AMII: 35

OS JAN 13 THE 11

W06-1785 LERWIN JAN 13 2006



ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE: January 13, 2006 ORDER TIME: 11:13 AM ORDER NO. : 810927-005 CUSTOMER NO: 7419079 DOMESTIC AMENDMENT FILING NAME: MELBOURNE URGENT CARE, LLC EFFECTIVE DATE: XX___ Certificate of Conversion RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER'S INITIALS:



January 13, 2006

CSC

ATTN: KELLY COURTNEY

SUBJECT: MELBOURNE URGENT CARE, LLC

Ref. Number: W0600001785

We have received your document for MELBOURNE URGENT CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 806A00002864

MINGREB -9 MIN: 35

COVER LETTER

TO:	Registration ! Division of C			
SUBJ	ECT: MELBO	OURNE URGENT CA		·
		(Name of Resultir	ng Florida Profit Corporatio	n)
conve				and fees are submitted to tion" in accordance with s.
		espondence concernin	g this matter to:	ZING F
KRI	SHNA S. V.			
		(Contact Person)		ALLAHASSEE, FLORIO
_MEI	BOURNE UR	GENT CARE, INC	•	
		(Firm/Company)		프을 등
<u> 187</u>	SOUTH WI	CKHAM ROAD (Address)		ORAD A
MEI		LORIDA 32904 City, State and Zip Code)		
For fi	·	on concerning this ma	tter, nlease call:	
			, F	
		<u> </u>	_at ()	
	(Name of Co	ntact Person)	(Area Code and Da	ytime Telephone Number)
Enclo	sed is a check i	for the following amou	int:	
∏\$ 10:	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

MATER S MIII. 35 This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: 11 L04000010272 MELBOURNE URGENT CARE, L.L. LLC (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, 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, 2004 (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: FLORIDA 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: MELBOURNE URGENT CARE, INC.

Page 1 of 2

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this					
document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)					
\mathcal{L}_{\bullet}					
Signed this b day of teb, 2006.					
Signature:					
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or					
Officers have not been selected, an Incorporator.)					
Printed Name: KRISHWA VARA Printe: Printed Name: KRISHWA VARA Title:					

Fees:

Certificate of Conversion: Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status:

\$35.00 \$70.00

\$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MELBOURNE URGENT CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

187 SOUTH WICKHAM ROAD, MELBOURNE, FLORIDA 32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KRISHNA S. VARA, PRESIDENT/DIRECTOR 187 S. WICKHAM ROAD MELBOURNE, FL. 32904

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Service Company 1201 Hays Street Tallahassee, FL. 32301



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KRISIINA S. VARA 187 S. WICKHAM ROAD MELBOURNE, FL 32904

MIN TEB-9 MILL 35