

PO8000009886

(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

NO A



300113605073

FILED  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08-2846

B. KOHR

JAN 28 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2008

RUBINA AZAM MD  
653 W 23RD STREET #223  
PANAMA CITY, FL 32405

SUBJECT: BALDWIN PEDIATRIX, P.A.  
Ref. Number: W08000002846

**FILED**  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for BALDWIN PEDIATRIX, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$105.00.

On your articles of incorporation we need title & address for Article V, Article VII needs to be completed and the document has to be signed.,

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  
Regulatory Specialist II

Letter Number: 508A00003761

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 JAN 28 AM 10:42  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING -



CORPORATION SERVICE COMPANY

**FILED**  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 392709 7622612

AUTHORIZATION :

COST LIMIT : \$ 105.00

*Spuddean*

ORDER DATE : January 8, 2008

ORDER TIME : 9:35 AM

ORDER NO. : 392709-005

CUSTOMER NO: 7622612

**RESUBMIT**

Please give original  
submission date as file date.

DOMESTIC FILING

NAME: BALDWIN PEDIATRIX, P.A.

XX ARTICLES OF INCORPORATION/CERTIFICATE OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BALDWIN PEDIATRIX, P.A.  
(Name of Resulting Florida Profit Corporation)

FILED  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

RUBINA AZAM MD  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

653-W-23rd street #223  
(Address)

Panama city, fl 32405  
(City, State and Zip Code)

For further information concerning this matter, please call:

Rubina Azam at (850) 624 6363  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$105.00 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:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

**FILED**  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**BALDWIN PEDIATRIX, 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 **12/20/2007**  
(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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**BALDWIN PEDIATRIX, P.A.**

(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; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 14 day of January, 2008.

Signature:   
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: Dr. Rubina Azam Title: Director

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$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:

BALDWIN PEDIATRIX, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

653 W. 23rd Street  
#223  
Panama City, FL 32405

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A private practice for pediatrics, taking care of newborns, infants, children and adolescents

### ARTICLE IV SHARES

The number of shares of stock is:

1500 shares of stock at \$0 par value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Rubina Azam MD

653 W. 23rd Street #223  
Panama City, FL 32405

### 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 US

FILED  
08 JAN 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

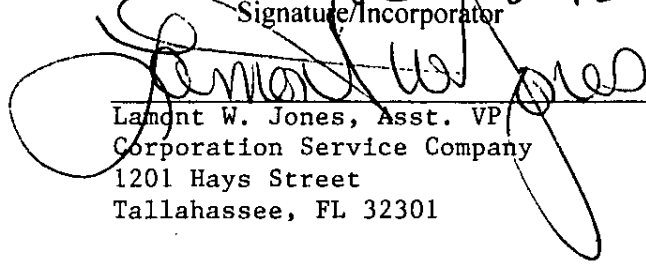
Dr. Rubina Azam  
653 W. 23rd Street, #223  
Panama City, FL 32405

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Lamont W. Jones, Asst. VP  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date