

PO8000060448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

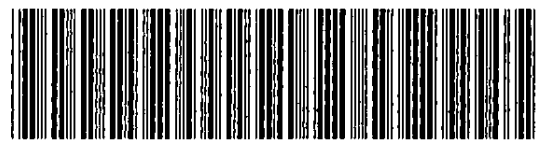
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 23 2008

EXAMINER



000131476730

06/20/08--01016--002 **113.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 20 PM 2:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RODOLFO CARRILLO-JIMENEZ, M.D., P.A.

(Name of Resulting Florida Profit Corporation)

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:

B. MARIN

(Contact Person)

PROFESSIONAL ACCOUNTING GROUP

(Firm/Company)

7758 NW 44 ST

(Address)

SUNRISE, FLORIDA 33351

(City, State and Zip Code)

For further information concerning this matter, please call:

B MARIN

(Name of Contact Person)

at (954) 578-0016

(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

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:

SURGICAL CARE INTERNATIONAL, 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 DECEMBER 18, 2006
(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:

NOT APPLICABLE

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

RODOLFO CARRILLO-JIMENEZ, M.D., 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 17 day of June, 2007.

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

Printed Name: Rodolfo Carrillo-Jimenez Title: President

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:

Rodolfo Carrillo-Jimenez, M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15860 CORINTHIA TERR.
DELRAY BEACH, FLORIDA 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL PRACTICE AND ANY AND ALL LAWFULL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES PREFERRED STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RODOLFO CARRILLO-JIMENEZ
15860 CORINTHIA TERR
DELRAY BEACH, FLORIDA 33446

ARTICLE VI REGISTERED AGENT

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

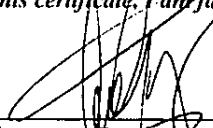
YVETTE PESTANO
7758 NW 44 ST
SUNRISE, FLORIDA 33351

ARTICLE VII INCORPORATOR


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

RODOLFO CARRILLO-JIMENEZ
15860 CORINTHIA TERR
DELRAY BEACH, FLORIDA 33446

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, Registered Agent



Signature, Incorporator

6/17/08
Date

Date