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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY - 1 2009  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: CAREMED PHYSICIAN BILLING SERVICES INC.**  
(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:

**CARRIE LOPEZ** \_\_\_\_\_  
(Contact Person)

**CAREMED PHYSICIAN BILLING SERVICES INC.**  
(Firm/Company)

10211 PINES BLVD.-SUITE 172  
(Address)

PEMBROKE PINES, FL 33026  
(City, State and Zip Code)

For further information concerning this matter, please call:

**CARRIE LOPEZ** at ( **954** ) **439-5106**  
(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:**

**MAILING 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

FILED  
09 APR 29 AM 9:15  
CLERK, STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

09 APR 29 AM 9:15  
FILED  
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:

CAREMED PHYSICIAN BILLING SERVICES LLC  
(Enter Name of Other Business Entity)

L06000120178

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 19, 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:

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

CAREMED PHYSICIAN BILLING SERVICES INC.  
(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 25 day of APRIL, 20 09.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: *Carrie Lopez*  
Printed Name: CARRIE LOPEZ Title: PRESIDENT

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

Signature: *Carrie Lopez*  
Printed Name: CARRIE LOPEZ Title: MGRM

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**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.

**If Florida Limited Liability Company:**  
Signature of a Member or Authorized Representative.

**All others:**  
Signature of an authorized person.

**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:

CAREMED PHYSICIAN BILLING SERVICES INC.

FILED  
09 APR 29 AM 9:15  
TALLAHASSEE, FLORIDA  
STATE

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10211 PINES BLVD.-SUITE 172  
PEMBROKE PINES, FL 33026

### **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:

3000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CARRIE LOPEZ-PRESIDENT/DIRECTOR  
941 SW 100th TERRACE  
PEMBROKE PINES, FL 33025-0906

### **ARTICLE VI REGISTERED AGENT**

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

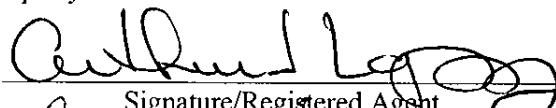
ARTHUR LOPEZ  
941 SW 100th TERRACE  
PEMBROKE PINES, FL 33025-0906

**ARTICLE VII INCORPORATOR**

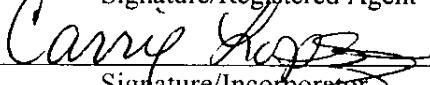
The name and address of the Incorporator is:

CARRIE LOPEZ  
941 SW 100th TERRACE  
PEMBROKE PINES, FL 33025-0906

\*\*\*\*\*  
*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 Agsnt



Signature/Incorporator

4 / 25 / 2009

Date

4-25-09

Date