

P09000061662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

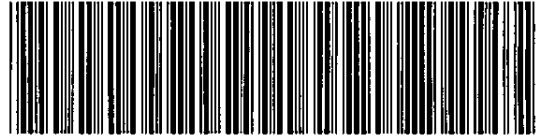
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279086775

11/13/15--01003--027 35.00

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 13 PM 2:40

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TALLAHASSEE, FLORIDA

NOV 13 PM 1:45

Conversion

NOV 16 2015

D CONNELL

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL 32308

850-205-8842

INJURY CENTERS OF NORTH TAMPA, INC.

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P09000061662

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	Conversion
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/13/2015

ST

Order#:
9773525

Ref#: _____

Amount: \$ _____

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

INJURY CENTERS OF NORTH TAMPA, INC.

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P09000061662

Thank you!

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	<input type="checkbox"/> Reinstatement	
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Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/13/2015

ST

Order#:
9773525

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Injury Centers of North Tampa, Inc.

Name of Florida Profit Corporation

The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, F.S.

Please return all correspondence concerning this matter to:

Ian Furman

Contact Person

Morgan, Lewis & Bockius LLP

Firm/Company

1000 Louisiana St., Ste 4000

Address

Houston, TX 77002

City, State and Zip Code

ifurman@morganlewis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian Furman

Name of Contact Person

at (713) 890-5000

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$43.75 Filing Fee
and Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED
15 NOV 13 PM 2:40
CLERK OF SUPERIOR COURT
ALABAMA, FLORIDA

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

This Certificate of Conversion is submitted to convert the following **Florida Profit Corporation into an "Other Business Entity"** in accordance with s. 607.1113, Florida Statutes.

1. The name of the Florida Profit Corporation converting into the "Other Business Entity" is:

Injury Centers of North Tampa, Inc.

Enter Name of Florida Profit Corporation

2. The name of the "Other Business Entity" is:

Injury Centers of North Tampa, LLC

Enter Name of "Other Business Entity"

3. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware.
(Enter state, or if a non-U.S. entity, the name of the country)

4. The above referenced Florida Profit Corporation has converted into an "Other Business Entity" in compliance with Chapter 607, F.S., and the conversion complies with the applicable laws governing the "Other Business Entity."

5. The plan of conversion was approved by the converting Florida Profit Corporation in accordance with Chapter 607, F.S.

6. If applicable, the written consent of each shareholder who, as a result of the conversion, is now a general partner of the surviving entity was obtained pursuant to s. 607.1112(6), F.S.

7. This conversion was effective under the laws governing the "Other Business Entity"

on: November 12, 2015

8. This conversion shall be effective in Florida on: _____.
(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 of the conversion under the laws governing the "Other Business Entity.")

9. The "Other Business Entity's" principal office address, if any:

6220 South Orange Blossom Trail, Suite 200
Orlando, Florida 32809

10. If the "Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Other Business Entity":

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of the converting Florida profit corporation, including any appraisal rights of shareholders of the converting Florida profit corporation under ss. 607.1301-607.1333, Florida Statutes.

b.) Lists the following street and mailing address of an office, which the Florida Department of State may use for purposes of s. 607.1114(4), Florida Statutes.

Street Address: 6220 S. Orange Blossom Trl., St. 200
Orlando, Florida 32809

Mailing Address: 6220 S. Orange Blossom Trl., St. 200
Orlando, Florida 32809

11. The "Other Business Entity" has agreed to pay any shareholders having appraisal rights the amount to which they are entitled under ss.607-1301-607.1333, F.S.

Signed this 12th day of November 2015.

Signature: _____

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

Printed Name: Kimberly Russo Title: Director

Fees: Filing Fee: \$35.00
Certified Copy: \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)