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C. LEWIS

OCT 6 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Surfside Family Medicine 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:
Olga Emgushov
Contact Person
Surfside Family Medicine Inc.
Firm/Company
3000 N. Atlantic Avenue; Suite 108
Address
Cocoa Beach, Fl. 32931 City, State and Zip Code
City, Cane and Exp Cour
DrOlga@surfsidefamilypractice.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. Olga Emgushov at (321) 799-2554
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 Certified Copy States \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

FILED

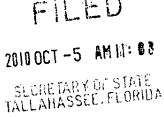
Certificate of Conversion

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.

. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Surfside Family Medicine LLC
Enter Name of Other Business Entity
E. The "Other Business Entity" is a Limited Liability Company Logooo5975 (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) irst organized, formed or incorporated under the laws of Florida (Enter state on if a non LLS entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on
Enter date "Other Business Entity" was first organized, formed or incorporated
e. 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:
The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>ncorporation:</u>
Surfside Family Medicine Inc.
Enter Name of Florida Profit Corporation
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 locument is filed by the Florida Department of State; AND 2) must be the same as the ffective date listed in the attached Articles of Incorporation, if an effective date is listed herein.)

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Signed thi	s <u>20</u>	day of	Septem	ber	_, 20_10		5 AM III: 08
Dogwinod	Signatur	us for Florida	Profit Corners	ion		5010 OC1 -	J
Requireu	Signatu	re for Florida	From Corporat	ion:		eccseTA	87.6.5.9.89g
Signature	of Chairn	nan, Vice Cha	irman, Director, o	Officer, or, if D	irectors or C	Officers have	not
Printed No	me:	Olga Emgi	shov Title:		President		
1111100111		Olgo Elliga	()		1100101111		
Required	Signatur	e(s) on behalf	of Other Busines	s Entity: [See	below for rec	quired	
signature(s).]		27.			-	
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Signature:			47	mu MODI	•		
Printed Na	me: <u>Olga</u>	Emgushov	7	_ Title: MGR	<u>M</u>		
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3.5			out itepropriation	•			
All others: Signature of		orized person.					
Fees:							
	rtificate o	of Conversion	<u>.</u>	\$35.00			
			of Incorporation:	\$70.00			
	rtified Co			\$ 8.75 (Option	onal)		
	rtificate c			\$ 8.75 (Option	•		

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:

Surfside Family Medicine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3000 N. Atlantic Avenue; Suite 108 Cocoa Beach, Fl. 32931

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Olga Emgushov President Brian Boggs MD Vice President

3000 N. Atlantic Avenue 3000 N. Atlantic Avenue

Suite 108 Suite 108

Cocoa Beach, Fl. 32931 Cocoa Beach, Fl. 32931

ARTICLE VI REGISTERED AGENT

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

Olga Emgushov

3000 N. Atlantic Avenue; Suite 108

Cocoa Beach, Fl. 32931

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olga Emgushov

3000 N. Atlantic Avenue; Suite 108

Cocoa Beach, Fl. 32931

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

COH-	9/20/10
Signature/Registered Agent	Date
Signature (James)	
Signature/Incorporator	Date