

P12000038607

(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



900230674259

04/24/12--01003--008 **113.75

FILED

12 APR 24 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 25 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2012

JAMES M. O'BRIEN, ESQ.
O'BRIEN, RIEMENSCHNEIDER & WATTWOOD PA
1686 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

SUBJECT: HEART CARE CFL, P.A.
Ref. Number: W12000022572

We have received your document for HEART CARE CFL, P.A. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00012506

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heart Care CFL, 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:

James M. O'Brien, Esquire

Contact Person

O'Brien, Riemenschneider & Wattwood, P.A.

Firm/Company

1686 West Hibiscus Boulevard

Address

Melbourne, FL 32901

City, State and Zip Code

ginnyc@orwlaw.com

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

For further information concerning this matter, please call:

James M. O'Brien

Name of Contact Person

at (321)

728-2800

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
12 APR 24 PM 2: 57
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:

Heart Care CFL, LLC

L12000042871

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, 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 March 18, 2008

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:

Heart Care CFL, 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.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 20th day of April, 2012.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Ravi Rao, M.D. Title: Director/Vice President

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: Ravi Rao, M.D. Title: Managing Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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)

FILED
12 APR 24 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

12 APR 24 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **Heart Care CFL, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3822 South Washington Avenue
Titusville, FL 32796

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rendering the services to the public that a doctor of medicine, duly licensed under the laws of the State of Florida, is authorized to render.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Burya R. Rao, M.D., Director/President
Address: 5166 Royal Paddock Way
Meritt Island, FL 32952

Name and Title: _____
Address: _____

Name and Title: Ravi Rao, Director/Vice President
Address: 782 Florence Circle
Titusville, FL 32780

Name and Title: OR Ravi Rao M.D.
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____
Sudha B. Tatturi-Rao

ARTICLE VI REGISTERED AGENT

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

Name: Sudha B. Tatturi-Rao
Address: 782 Florence Circle
Titusville, FL 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sudha Rao
Address: 782 Florence Circle
Titusville, FL 32780

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

Sudha B. Tatturi-Rao

Required Signature/Registered Agent

4/20/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sudha Rao

Required Signature/Incorporator

4/20/12
Date