# P120000 73770

(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



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DEFARITATION OF OIL

12 AUG 28 AM 9: 55

AUG 2 9 2012



ON SERVICE COMPANY						
ACCOUNT NO. : 12000000195						
REFERENCE : 327373 7683903						
AUTHORIZATION: Synchole man						
COST LIMIT : \$ 122.750						
ORDER DATE : August 28, 2012						
ORDER TIME : 9:22 AM						
ORDER NO. : 327373-005						
CUSTOMER NO: 7683903						
CONVERSION						
NAME: COMMUNITY HEALTH SOLUTIONS OF AMERICA, LLC						
XX CERTIFICATE OF CONVERSION & ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY						
XX CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Carina L. Dunlap EXT# 2951						

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO:

Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

**Division of Corporations** SUBJECT: Community Health Solutions of America, 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: Dale F. Schmidt Contact Person Community Health Solutions of America, Inc. Firm/Company 1000 118th Avenue North Address St. Petersburg, Florida 33716-2332 City, State and Zip Code entitymanagement@chsamerica.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Simon C. Root, Esq. at ( 612 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: ■\$113.75 Filing Fees **☑**\$122.50 Filing Fees, ■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status **STREET ADDRESS: MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

#### **Certificate of Conversion**

For

## "Other Business Entity"

Into

### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Conversion is:	of
Community Health Solutions of America LLC	12 12
Enter Name of Other Business Entity	A SIGN
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.)	IVISION OF CORPORATIONS 12 AUG 28 AM 9: 55
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)	ATTORS D: 55
on December, 30th, 2002 1003  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 which it is now organized, formed or incorporated:	ie laws of
N/A	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	oration:
Community Health Solutions of America, Inc.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: August 28th, 2012  (The effective date: 1) cannot be prior to nor more than 90 days after the date this docu filed by the Florida Department of State; AND 2) must be the same as the effective date 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 an 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 unde currently organized, formed or incorporated.	r which it is

Signed this 27thday of August	2n 12	
Signed this 27th day of reguer	, 20	
Required Signature for Florida Profit Corp	ooration:	
Individual signing affirms that the facts stated	in this document are true. Any false inform	ation constitutes
a third degree felony as provided for in s.817.	155, F.S.	
Signature of Chairman, Vice Chairman, Direct	tor Officer, or, if Directors or Officers have	e not been
selected, an Incorporator:		
Printed Name: Dale F. Schmidt	Title: Chairman & CEO	-
Required Signature(s) on behalf of Other Bu	sings Entity: Individual(s) signing affirm(s	) that the facts
stated in this document are true. Any false inf		
s.817.155, F.S. (See below for required signatu		s provided for in
Signature: Dalo E Schmidt	<del>S/</del>	_
Printed Name: Dale F. Schmidt	Title: Chairman & CEO	_
Signature:	m.i.	-
Printed Name:	I itie:	-
Signature:		
Signature:Printed Name:	Title:	_
Signature:Printed Name:		-
Printed Name:	Title:	-
Signature:		
Signature:Printed Name:	Title:	_
		<b>-</b>
Signature:		_
Printed Name:	Title:	-
If Florida General Partnership or Limited L	iahility Partnarchin	
Signature of one General Partner.	iability t at thei sing.	
Digitale of the Contract actions		
If Florida Limited Partnership or Limited L	iability Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
7679 - 13 - 14 - 14 - 14 - 17 - 17 - 17 - 17 - 17		<b>-</b> 91
If Florida Limited Liability Company: Signature of a Member or Authorized Represen	totisia	SECR DIVISION 12 AU
signature of a Member of Authorized Represen	IIdIIVG.	
All others:		SECRETARY IVISION OF C
Signature of an authorized person.		CORY

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

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

ARTICLE I	NAME orporation shall be: Community Health So	lutions of America. Inc	
	PRINCIPAL OFFICE	iddions of America, inc.	
ar iiche ii	Principal street address	Mailing address, if	different is:
1000	118th Avenue North	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	etersburg, Florida 33716-2332		
ARTICLE III			
	which the corporation is organized is:		
This corporation	on may engage in the transaction of a	ny or lawful business for which	
corporations r	may be incorporated under the laws of	the State of Florida.	
ARTICLE IV	SHARES		
The number of sha	ares of stock is: 2,650,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS	
	Title: Dale F. Schmidt, Chairman & CEO		n. MD., President and
Address:	1000 118th Avenue North		
	St. Petersburg, Florida 33716-2332		North
		St. Petersburg, Flor	da 33716-2332
Name and T	Fitle: Cheryl K. Haigley, Board Member	Name and Title:	
Address:	1000 118th Avenue North	Address:	
	St. Petersburg, Florida 33716-2332		
Name and T	Title: Richard Davis, Board Member	Name and Title:	
Address:	1000 118th Avenue North		
134413001	St. Petersburg, Florida 33716-2332		
	20000000		
	REGISTERED AGENT		SE DIVISI 12 A
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	33.5
Name:	Dale F. Schmidt	<del></del>	NECRE ISTON
Address:	1000 118th Avenue North	<del></del>	<b>~</b> ♀□ ♀□ □
	St. Petersburg, Florida 33716-2332	<del></del>	<b>8</b> 255
ARTICLE VII	INCORPORATOR		A CREATE
The name and ad	Idress of the Incorporator is:		
Name:	Dale F. Schmidt	· · · · · ·	STATE PRATIC 9: 5:
Address:	1000 118th Avenue North	<u></u>	<b>5.</b> 5. €
	St. Petersburg, Florida 33716-2332	<del></del>	3, 35
Having heen nan	ned as registered agent to accept service of pr	ocess for the above stated corporation a	t the place designated in
	um familiar with and accept the appointment a		
,	- 11	8 6	• •
121		August 27th, 2012	
Req	uired Signature/Registered Agent	Date	
I submit this doc	ument and affirm that the facts stated herein	are true. I am aware that any false inf	ormanon suominea in a
avcument to the l	Department of State constitutes a third degree j	eiony as provinca for in 8.01/.155, F.S.	
n	18/	August 27th, 2012	
100	ired Stratura Incorporator	Date	
- requ	ired Signature/Incorporator	Dale	