

P14 000044851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

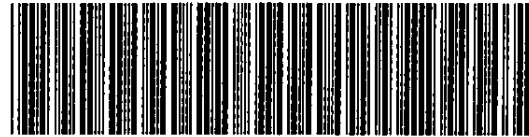
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260379691

05/20/14--01014--015 **105.00

RECEIVED
DIVISION OF CORPORATIONS
2014 MAY 20 PM 2:43

1/H

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Echo-Vascular Readers, 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:

Lila DeCubellis

Contact Person

Echo-Vascular Readers, Inc.

Firm/Company

4211 NW 186th Street

Address

Newberry, FL 32669

City, State and Zip Code

Loehmig@gmail.com

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

For further information concerning this matter, please call:

Ryan King, Esq.

Name of Contact Person

at

(352) 443-3532

Area Code and Daytime Telephone Number

or e-mail

rking@aba-

advisors.com

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:

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

MAILING ADDRESS:

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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
2014 MAY 20 PM 2:43

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:

Echo-Vascular Readers, LLC (Doc. Number - L14000011457)

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 2/21/2008 (effective date) & 12/30/2013 (conversion date to LLC)
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:

N/A

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

Echo-Vascular Readers, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: N/A
(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 5th day of May, 2014

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY 20 PM 2:43

Required Signature for Florida Profit Corporation:

X Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____
Printed Name: Barry Guertin Title: Incorporator

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

Signature: Lila DeCubellis
Printed Name: Lila DeCubellis Title: Managing Member

X Signature: Mark V Barrow
Printed Name: Mark Barrow, M.D. Title: Manager

X Signature: _____
Printed Name: Barry Guertin Title: Manager

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 MAY 20 PM 2:43

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: Echo-Vascular Readers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

640 NW 36th Drive

N/A

Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical services - To provide the professional interpretation of
cardiac and vascular ultrasound exams.

ARTICLE IV SHARES 120

The number of shares of stock is: 120

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Guertin - Chairman, CEO

Name and Title: _____

Address: 640 NW 36th Street
Gainesville, FL 32607

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Barry Guertin

Address: 640 NW 36th Drive
Gainesville, FL 32607

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


2014 MAY 20 PM 2:43

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barry Guertin
Address: 640 NW 36th Drive
Gainesville, FL 32607

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

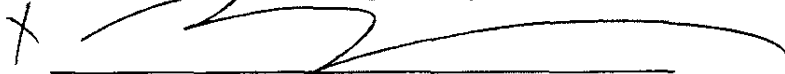
X 

Required Signature/Registered Agent

05/05/2014

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.

X 

Required Signature/Incorporator

05/05/2014

Date