

PI4000102338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Carepartners 4 Life, PA

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:

Felmor C Agatep, MD

Contact Person

Firm/Company

9770 Old Baymeadows Road #109

Address

Jacksonville, FL 32256

City, State and Zip Code

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

For further information concerning this matter, please call:

Felmor C Agatep, MD at (904) 928-2088

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 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**

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.

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CLERK OF THE STATE  
TREASURER OF FLORIDA

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

**Carepartners 4 Life, LLC**

**L14D00125214**

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 **08/11/2014**

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:**

**Carepartners 4 Life, PA**

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.)

Signed this 22nd day of December, 2014.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Felmor C Agatep MD Title: President

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

Signature: [Signature]

Printed Name: Felmor C Agatep MD Title: Mgr.

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)

**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: Carepartners 4 Life, PA

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

9770 Old Baymeadows Rd; Suite 109

Jacksonville, FL 32256

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To provide a fee-for-service medical practice to diagnose  
and treat all health-related aspects of its patients relating  
to internal medicine and chronic pain-management.

**ARTICLE IV    SHARES** 100

The number of shares of stock is:

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Felmor C Agatep, MD

Name and Title: \_\_\_\_\_

Address: 9770 Old Baymeadows Rd; #109

Address: \_\_\_\_\_

Jacksonville, FL 32256

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: Felmor C Agatep, MD

Address: 9770 Old Baymeadows Rd; #109

Jacksonville, FL 32256

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FLORIDA

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Felmor C Agatep, MD  
Address: 9770 Old Baymeadows Rd; #109  
Jacksonville, FL 32256

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*


*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*

  
Required Signature/Registered Agent

12/22/2014

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.*

  
Required Signature/Incorporator

12/22/2014

Date