

P15000045744

(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:

~~Bobble G. GAVE~~
AUTHORIZATION BY PHONE TO

CORRECT ~~RA/Address~~

DATE ~~5/22/15~~

DOC. EXAM ~~7/16/15~~

~~WIS 30944~~

Office Use Only



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05/01/15--01012--002 **105.00

SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 MAY 21 PM 2:1

APPROVED
AND
FILED

1A7

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: OLD TOWN MEDICAL CENTERS, 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:

DR. TIMOTHY MACKEY
Contact Person

TRUMAN MEDICAL CENTER
Firm/Company

540 TRUMAN AVE., P.O. Box 4115
Address

KEY WEST, FL 33041
City, State and Zip Code

tmackey@trumanmedical.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBIE GRIMES at (305) 296-4399
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2015

DR. TIMOTHY MACKEY
P.O. BOX 4115
KEY WEST, FL 33041

SUBJECT: OLD TOWN MEDICAL CENTERS, INC.
Ref. Number: W15000030941

We have received your document for OLD TOWN MEDICAL CENTERS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 315A00009023

Signed this 9th day of April, 20 15.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Bobbie J. Grimes

Printed Name: BOBBIE J. GRIMES Title: CAA

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

Signature: [Signature]

Printed Name: GILBERT SHAPIRO Title: MGR

Signature: [Signature]

Printed Name: TIMOTHY W. MACKEY Title: AP

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 21 PM 2:11

APPROVED
AND
FILED

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

APPROVED
AND
FILED

15 MAY 21 PM 2:11

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:

OLD TOWN MEDICAL CENTERS, LLC - L14-130349

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 8/14/2014
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**:

OLD TOWN MEDICAL CENTERS, INC.

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.)

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: OLD TOWN MEDICAL CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

540 TRUMAN AVENUE
KEY WEST, FL 33040

P.O. Box 4115
KEY WEST, FL 33041

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY MACKEY, PRES Name and Title: _____

Address: P.O. Box 4115 Address: _____
KEY WEST, FL 33041

Name and Title: GILBERT SHAPIRO, VP Name and Title: _____

Address: P.O. Box 4115 Address: _____
KEY WEST, FL 33041

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: TIMOTHY MACKEY

Address: 540 TRUMAN AVENUE
KEY WEST, FL 33041

SECRETARY OF STATE
TALLAHASSEE, FL 32399

15 MAY 21 PM 2:10

APPROVED
AND
FILED

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AND
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ARTICLE VII INCORPORATOR

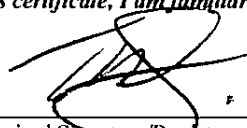
The name and address of the Incorporator is:

Name: BOOBIE GRIMES
Address: A.O. Box 4115
KEY WEST, FL 33041

15 MAY 21 PM 2: 2.

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

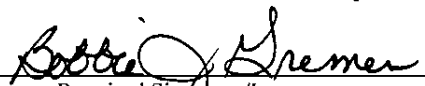


Required Signature/Registered Agent

4-8-2015

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

4-8-15

Date