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(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

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SECRETARY OF STATE

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COVER LETTER

TO:

Charter Section

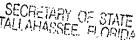
Division of Cor	•			
SUBJECT: Dale G. Bra	mlet, M.D., P.A.			
50B02C1	Name of	Resulting Florida I	rofit	Corporation
	e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please return all corresp	ondence concerning this	s matter to:		
Bill Taylor, COO/CFO				
	Contact Person			
Dale G. Bramlet, M.D., P	.A.			
	Firm/Company			
4820 Park Boulevard				
	Address			
Pinellas Park, FL 33781				
	City, State and Zip Code	e		
btaylor@adventcrc.com				
E-mail address: (t	o be used for future annu	ial report notificati	on)	
For further information	concerning this matter,	please call:		
Bill Taylor, COO/CFO		_at ()	209-6	581
Name of Co	ontact Person	Area Coo	le 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 and Certified Cop		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		N E P	lew Fi Divisio . O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation



15 NOV 12 AM 7: 46



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 of Conversion is:
Dale G. Bramlet, M.D., P.L. 2 (000002.0900
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 trusi, etc.)
first organized, formed or incorporated under the laws of
02/23/2010 on
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: NA
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Dale G. Bramlet, M.D., 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 6th day of November	, 20 ¹⁵	
Required Signature for Florida Profit Corporation	on:	
Signature of Changnar, Vice Chairman, Director, O Incorporator: Printed Name: Dale G. Bramlet Title: Pres	fficer, or, if Directors or Officers	have not been selected, an
Required Signature(s) on behalf of Other Busine	ss Entity: [See below for require	d signature(s).]
Printed Name: Dale G. Bramlet	Title: President	
Signature:		<u>-</u>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	SECRE SALLAH
Signature:		
Printed Name:	Title:	FILED 12 AH 7:46 13 AH 7:46 13 AH 7:46
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabil Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representativ	e.	
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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: ______Dale G. Bramlet, M.D., P.A.

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ARTICLE II PRINCIPAL OFFICE	SECRETARY O TALLAHASSEE
The principal place of business/mailing address is:	
Principal street address 4820 Park Boulevard	Mailing address, if different is:
Pinellas Park, FL 33781	
ARTICLE III PURPOSE The purpose for which the corporation is organized is	:
Medical Practice	
<u> </u>	
ARTICLE IV SHARES The number of shares of stock is: 1,000,000	
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS
Name and Title: Dale G. Bramlet, President	Name and Title:
Address: 4820 Park Boulevard	Address:
Pinellas Park, FL 33781	
Name and Title:	Name and Title:
Address:	Address:
Name and Tide	
Name and Title:	
Address	Address:

	E VI REGISTERED AGENT		APPHOVEL AND
The <u>name</u>	e and Florida street address (P.O. Box NO	I acceptable) of the registered agent is:	FILED
Name:	Dale G. Bramlet		15 NOV 12 AM 7: 46
Address:	4820 Park Boulevard		•
	Pinellas Park, FL 33781		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICL	E VII INCORPORATOR and address of the Incorporator is:		
rne <u>name</u>	•		
Name:	Dale G. Bramlet, M.D., P.A.		
Address:	4820 Park Boulevard		
	Pinellas Park, FL 33781		
	**************************************		poration at the place designated in to act in this capacity
	his document and affirm that the facts state to the Department of State constitutes a thi	rd degree felony as provided for in s.81	
	- A JUNI / Du	11/6/2015	
	Required Signature/Incorporato		Date