

P 16000 100647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

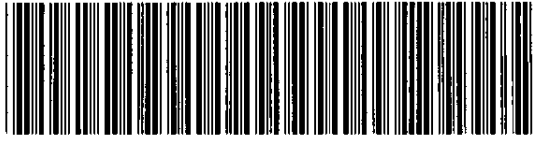
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
\$ 105.00
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900286292869

12/22/16--01001--023 **180.00

FILED
DEC 19 PM 5:13
Clerk of Court
1000 Bankers Building
Columbus, Ohio 43260

12/23
[Signature]

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MID FLORIDA ADULT MEDICINE, LLC
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:

MANUEL IGLESIAS
Contact Person

HUGEA HOLDINGS INC.
Firm/Company

8750 NW 36TH STREET, # 300
Address

DORAL, FL 33178
City, State and Zip Code

manuel.iglesias@hygea.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REANNA RAMEHELAN at (786) 281-2398
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.

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

MID FLORIDA ADULT MEDICINE, LLC

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 05/14/2009
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**:

MICHAEL BURROWS MD 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.)

Note: 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.

2009 DEC 19 PM 5:13
STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION

Signed this 13TH day of December, 2016.

Required Signature for Florida Profit Corporation:

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

Printed Name: MANUEL IGLESIAS Title: CEO

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

Signature: _____

Printed Name: MANUEL IGLESIAS Title: CEO

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)

2016 DEC 19 PM 5:13

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

FILED
2014 DEC 19 PM 5:13
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DORAL, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: MIGUEL BURGOS MD PA

ARTICLE II PRINCIPAL OFFICE
Principal street address
7824 LAKES UNDERHILL ROAD
SUITE B
ORLANDO, FL 32822

Mailing address, if different is:
8750 NW 36TH STREET
SUITE 300
DORAL, FL 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Provide primary and continuing medical care
for patients. Managing and coordinate medical
services.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MANUEL IGLESIAS- DIRECTOR</u>	Name and Title:	_____
Address	<u>8750 NW 36TH STREET</u>	Address:	_____
	<u>SUITE 300</u>		_____
	<u>DORAL, FL 33178</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: LACY LOAR
 Address: 8750 NW 36TH STREET, SUITE 300
DORAL , FL 33178

RECEIVED
 DEC 19 PM 2:13
 2016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL IGLESIAS
 Address: 8750 NW 36TH STREET, SUITE 300
DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/14/2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: 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.

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

Lacy Loar
 Required Signature/Registered Agent

12-23-16
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

[Signature]
 Required Signature/Incorporator

12-23-16
 Date