P17000073655

(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;	(L
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T. BURCH SEP , 6 2017

COVER LETTER

TO:	Charter Section Division of Cor	porations				
CHDI	ECT:REAL IMA	GING INC				
SUBJ	ECT:	Name of	Resulting Florida P	rofit (Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Busines 15, F.S.	SS
Please	return all corresp	oondence concerning this	s matter to:			
JEAN	ROBERT CHARL	ОТ				
	•	Contact Person				
REAL	IMAGING INC					
		Firm/Company				
4220 V	VEST COLONIAL	. DR				
		Address	· ·			
ORLA	NDO FL 32808					
		City, State and Zip Cod	ė			
PALM	IERSURGENTCA	RE@GMAIL.COM				
	E-mail address: (t	o be used for future anni	ual report notification	n)		
For fu	rther information	concerning this matter,	please call:			
JHAN	CHARLOT		_at ()	54-52	26-9477	
	Name of Co	ontact Person		e and	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
■ \$10	95.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Is and Certified Copy		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Clifton 2661 F	ET ADDRESS: Filings Section on of Corporation in Building Executive Center cassee, FL 32301	Circle	No D P.	ew Fi ivisio O. B	ING ADDRESS: illings Section on of Corporations flox 6327 assee, FL 32314	



September 5, 2017

JEAN ROBERT CHALOT 4220 WEST COLONIAL DR ORLANDO, FL 32808

SUBJECT: REAL IMAGING INC Ref. Number: W17000072301

We have received your document for REAL IMAGING 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return 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.

Letter Number: 317A00018237

Tim Burch Regulatory Specialist III

www.sunbiz.org

Burch, Tim

From: Admin <palmersurgentcare@gmail.com>

Sent: Tuesday, September 05, 2017 6:09 PM

To: Burch, Tim

Subject: Confirmation of dissolution of Ilc

To whom it may concern:

Per your request

This email is to confirm that I will not reverse the dissolution of Ilc for document number L17000171293 real imaging Ilc Electronically signed Jean Robert Charlot

Sent from my iPhone

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

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 filling of this Certificate of Co	nversio	m is:	
GLOBAL PRIMARY CARE - LLC			
Enter Name of Other Business Entity	- : -		
2. The "Other Business Entity" is a LLC	: • • •	2. s	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		856 -2 VH	
turst organized, formed or incorporated under the laws of	. 1	- 22	Ö
(Enter state, or if a non-U.S. entity, the name of the country)		9: 2	
01/13/2014			
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.) (Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.) (Enter organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country) (Enter date "Other Business Entity" was first organized, formed or incorporated. (Business Entity" was changed, the state or country under the limited liability company, limited partnersh general partnership, common law or business trust, etc.)	ed .		
organized, formed or incorporated:		nen k	13 110 11
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u>)n:</u>		
REAL IMAGING INC			
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.)	filed b	y the	Florida
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	his date	will r	iot he
listed as the document's effective date on the Department of State's records			

Signed	this 29 day of AUGUST	. 20_17
Requir	ed Signature for Florida Profit Corporation:	
	re of Chairman, Vice Chairman, Director, Offic orator:Title:	ter, or, if Directors or Officers have not been selected, an
Requir	ed Signature(s) on behalf of Other Business l	Entity: [See below for required signature(s).]
Signatu	ire: flo. I Unilar	
Printed	Name: DR. JEAN R CHARLOT	Title:
Signatu	ire:	
Printed	Name:	Title:
Signato	re:	
Printed	Name:	Title:
Signatu	ие:	
Printed	Name:	Title:
Signatu	re:	
Printed	Name:	Title:
Signatu	re:	
	Name:	
<u>If Flori</u> Signatu	da General Partnership or Limited Liability re of one General Partner.	Partnership:
	da Limited Partnership or Limited Liability res of ALL General Partners.	Limited Partnership:
	da Limited Liability Company: re of a Member or Authorized Representative.	
All othe Signatu	ers: re of an authorized person.	
	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)

The name of the corporation shall be: REAL IMAGING INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 4220 WEST COLONIAL DR STE 2	Mailing address, if different is:
ORLANDO FL 32808	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
MEDICAL CARE	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CCTORS
Name and Title: DR JEAN ROBERT CHARLOT /PRESIDE: 4220 WEST COLONIAL DR STE 3	Name and Title:Address:
ORLANDO FL 32808	Address.
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

The name and address of the Incorporator is: DR JEAN ROBERT CHARLOT 4220 WEST COLONIAL DRIVE STE 3 ORLANDO FL 32808 Having been named as registered agent to accept service of process for the above stated corporation at the place this certificate. Lam Infiliar with and accept the appointment as registered agent and agree to act in this capacity. Require Signature/Registered Agent Date	SE Z		WJULTRUTS In	PREMIER TAX AND ACCOUNTING CO	Name:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DR JEAN ROBERT CHARLOT 4220 WEST COLONIAL DRIVE STE 3 ORLANDO FL 32808 Having been named as registered agent to accept service of process for the above stated corporation at the place this certificate. Lam farilliar with and accept the appointment as registered agent and agree to act in this capacity is gnature/Registered Agent Date	. jo . j			12301 LAKE UNDERHILL ROAD	Address:
The name and address of the Incorporator is: DR JEAN ROBERT CHARLOT 4220 WEST COLONIAL DRIVE STE 3 ORLANDO FL 32808 Having been named as registered agent to accept service of process for the above stated corporation at the place this certificate. Lam forbiliar with and accept the appointment as registered agent and agree to act in this capacity. Require Signature/Registered Agent Date	15 VE	· · · · · · · · · · · · · · · · · · ·	_	ORLANDO FL 32828	
DR JEAN ROBERT CHARLOT 4220 WEST COLONIAL DRIVE STE 3 ORLANDO FL 32808 Having been named as registered agent to accept service of process for the above stated corporation at the place this certificate. Lam faffiliar with and accept the appointment as registered agent and agree to act in this capacital signature/Registered Agent Required Signature/Registered Agent Date	ر ج 2				
Address: ORLANDO FL 32808 **********************************					
**************************************				4220 WEST COLONIAL DRIVE STE 3	
this certificate. Lam familiar with and accept the appointment as registered agent and agree to act in this capacit S - J o - / 7 Required Signature/Registered Agent Date				ORLANDO FL 32808	
			*******	************	******
I submit this document and affirm that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	e design 'ty	agent and agree to act in this capaci	ervice of process for the pointment as registere	rate. Lam familiar with and accept the ap	Taving be his certifi
A	įψ	agent and agree to act in this capacide $8 - 30 - 17$ Date The properties of the pr	pointment as registere	Required Signature/Registered Agent is document and affirm that the facts sta	his certifi