

P170000093458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

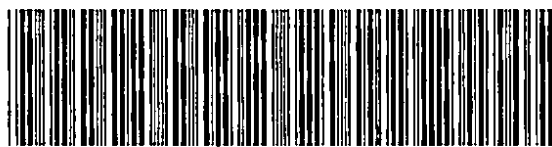
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: PALM BEACH OUTPATIENT SURGICAL CENTER, 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:

MADONNA COFFMAN

Contact Person

PALM BEACH OUTPATIENT SURGICAL CENTER, INC

Firm/Company

2889 10TH AVE NORTH, SUITE 203

Address

PALM SPRINGS, FL 33461

City, State and Zip Code

M.COFFMAN@VISUALHEALTH.COM

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

For further information concerning this matter, please call:

MADONNA COFFMAN at (561) 227-3104  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: \$70 (paid \$35 previously)

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
Paid \$35 and Certificate of and Certified Copy Certified Copy, and  
previously. Status Status 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:

NOVAMED SURGERY CENTER OF PALM BEACH, LLC 004-338  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a FOREIGN LLC  
(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 DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

on 01-23-2004  
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:  
FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**  
PALM BEACH OUTPATIENT SURGICAL CENTER, INC  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: USE FILING DATE  
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

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TALLAHASSEE, FLORIDA

Signed this 26TH day of OCTOBER, 2017.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Madonna Coffman  
Printed Name: MADONNA COFFMAN Title: VICE-CHAIRMAN

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

Signature: R. ZELIHO

Printed Name: RON ZELIHO Title: \_\_\_\_\_

Signature: Jennifer Baldock

Printed Name: Jennifer Baldock Title: V.P. & Secretary

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)

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TALLAHASSEE, FLORIDA

**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: PALM BEACH OUTPATIENT SURGICAL CENTER, INC**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

2889 10TH AVE NORTH, SUITE 203PALM SPRINGS, FL 33461

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TOM COFFMAN, M.D./PRESIDENTName and Title: MADONNA COFFMAN/VICE-PRES.Address: 2889 10TH AVE NORTH, SUITE 203Address: 2889 10TH AVE NORTH, SUITE 203PALM SPRINGS, FL 33461PALM SPRINGS, FL 33461

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MADONNA COFFMAN  
Address: 2889 10TH AVE NORTH, SUITE 203  
PALM SPRINGS, FL 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MADONNA COFFMAN  
Address: 2889 10TH AVE NORTH, SUITE 203  
PALM SPRINGS, FL 33461

\*\*\*\*\*

*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*

Madonna Coffman  
Required Signature/Registered Agent

10-26-2017

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.*

Madonna Coffman  
Required Signature/Incorporator

10-26-2017

Date

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TALLAHASSEE, FLORIDA