

P18000083027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

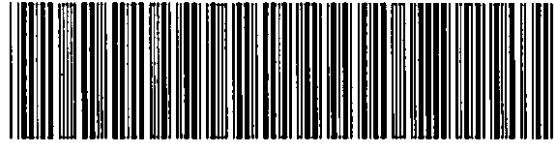
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TAMPA, FL

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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:

ALEXANDER MEDICAL GROUP, PLLC

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 11/28/2001

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**:

Alexander Medical Group, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: September 1, 2018

(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.

Signed this 27 day of SEPTEMBER, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: Allan J. Alexander

Printed Name: Allan J. Alexander Title: Registered Agent

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

Signature: _____

Printed Name: Allan J. Alexander Title: Registered Agent

Signature: _____

Printed Name: Vladimir Alexander Title: MGR, Owner

Signature: _____

Printed Name: Jennifer Khonsari Title: MGRM

Signature: _____

Printed Name: Daniel Penello MD Title: MGRM

Signature: _____

Printed Name: Adam Perler, DR Title: MGRM

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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CLERK
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: Alexander Medical Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
12416 66th Street North
Suite A
Largo, FL 33773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vladimir Alexander, MD - President

Address: 12416 66th Street North Suite A
Largo, FL 33773

Name and Title: Adam Perler, D.P.M. - CIO

Address: 12416 66th Street North Suite A
Largo, FL 33773

Name and Title: Jennifer Khonsari, P.A.C. - Treasurer

Address: 12416 66th Street North Suite A
Largo, FL 33773

Name and Title: Daniel Penello, MD - COO

Address: 12416 66th Street North Suite A
Largo, FL 33773

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 OCT - 2 PM 6:03
at

ARTICLE VI REGISTERED AGENT

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

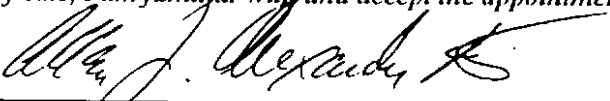
Name: Allan J. Alexander
Address: 12416 66th Street Suite A
Largo, FL 33773

ARTICLE VII INCORPORATOR

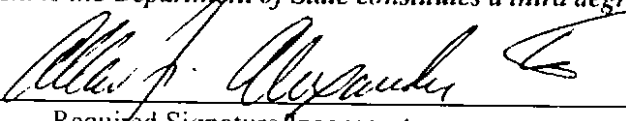
The name and address of the Incorporator is:

Name: Allan J. Alexander
Address: 12416 66th Street Suite A
Largo, FL 33773

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

 9/27/18
Required Signature/Registered Agent 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.

 9/27/18
Required Signature/Incorporator Date

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