

P21000090121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

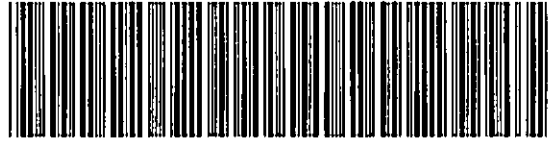
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/15/21--01006--011 \*\*105.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Progressive Medical Group Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**Scott R Carlile**

Contact Person

**Progressive Medical Group Inc.**

Firm/Company

**365 5th Ave. South, Suite 201**

Address

**Naples, FL 34102**

City, State and Zip Code

**scott@progressivemedicalinc.com**

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

For further information concerning this matter, please call:

**Scott Carlile** at (**913**) **208-3366**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2021

SCOTT R CARLILE  
365 5TH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102

SUBJECT: PROGRESSIVE MEDICAL GROUP USA  
Ref. Number: W21000131959

We have received your document for PROGRESSIVE MEDICAL GROUP USA 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 321A00023981

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

ED

2021 OCT 15 AM 10:43

SECRET, DEPT. OF STATE  
TALLAHASSEE, FL

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Progressive Medical Group Inc

Enter Name of the Converting Entity

2. The converting entity is a S Corporation

(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 Kansas

(Enter state, or if a non-U.S. entity, the name of the country)

on 10/5/2018

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Progressive Medical Group USA Corp.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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 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, 2021.

**Required Signature for Florida Profit Corporation:**

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




Printed Name: Scott R Carlile Title: VP

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: 

Printed Name: Athanasia C Carlile Title: President

Signature: 

Printed Name: Scott R Carlile Title: VP

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:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**

The name of the corporation shall be: Progressive Medical Group USA Corp.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

365 5th Ave. South, Suite 201  
Naples, FL 34102

Same

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Sell and lease durable medical equipment

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL

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**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Athanasia C Carlile / President

Address: 3164 Capistrano Ln  
Naples, FL 34114

Name and Title: Athanasia C Carlile / Treasure

Address: 3164 Capistrano Ln  
Naples, FL 34114

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

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

Name and Title: Scott R Carlile / VP

Address: 3164 Capistrano Ln  
Naples, FL 34114

Name and Title: Scott R Carlile / Secretary

Address: 3164 Capistrano Ln  
Naples, FL 34114

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Whittaker & Charbonneau CPA, Inc  
Address: 365 5th Ave. South, Ste 201  
Naples, FL 34102

\*\*\*\*\*

*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*

William S Whittaker

Required Signature/Registered Agent

9/27/2021

Date

2021 OCT 15 AM 10:43  
RECORDED & INDEXED  
TALLAHASSEE, FL

FILED