

P22000048385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

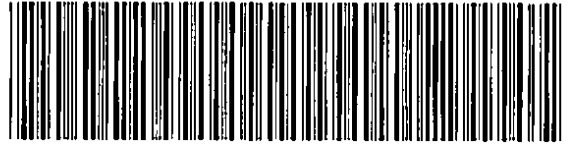
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/10/22--01001--008 **105.00

RECEIVED

2022 JUN -9 PM 3:15

CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2022 JUN 14 PM 1:19

CLERK OF COURT
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOUTH FLORIDA RHEUMATOLOGY LLC

Signature _____

Requested by: SETH

06/14/22

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHARLES KAHN AND WAYNE RISKIN, M.D.'S, 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:

COMPLIANCE DEPARTMENT

Contact Person

ATHENA MEDICAL MANAGEMENT GROUP, LLC

Firm/Company

12350 NW 39TH ST STE 200

Address

CORAL SPRINGS, FL 33065

City, State and Zip Code

legal@athena-medical.net

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

For further information concerning this matter, please call:

COMPLIANCE DEPARTMENT at (954) 906-9536

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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2022 JUN 14 PM 2:22

ASASSEE, FLORIDA

June 10, 2022

CAPITAL CONNECTION

SUBJECT: CHARLES KAHN AND WAYNE RISKIN, M.D.'S, INC.
Ref. Number: W22000078080

We have received your document for CHARLES KAHN AND WAYNE RISKIN, M.D.'S, 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 722A00013069

Charles Kahn and Wayne Riskin, M.D.'s, LLC

4700-C Sheridan St, Hollywood, FL 33021 | 754-777-8770

June 13, 2022

Florida Department of State
Division of Corporation

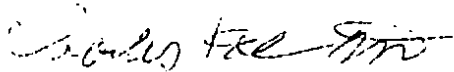
RE: Conversion of South Florida Rheumatology, LLC.

Dear Sir or Madam:

I Charles Kahn Manager of CHARLES KAHN AND WAYNE RISKIN, M.D.'S, LLC, Florida Document Number L22000230384 do hereby give permission for CHARLES KAHN AND WAYNE RISKIN, M.D.'S, Inc. to be duly formed in Florida.

If you have any questions, please feel free to contact us.

With best wishes,



Charles Kahn, MD
Managing Director

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

FILED

2022 JUN 14 PM 1:19

SECRETARY 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:

SOUTH FLORIDA RHEUMATOLOGY, LLC

Enter Name of the Converting Entity

2. The converting 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 March 8, 1999
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:**

CHARLES KAHN AND WAYNE RISKIN, M.D.'S, INC.

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 8th day of June, 2022

Required Signature for Florida Profit Corporation:

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

/s/ ALLEN LICHT

Printed Name: ALLEN LICHT Title: PRESIDENT

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

Signature: /s/ WAYNE RISKIN

Printed Name: WAYNE RISKIN Title: Authorized Representative/Manager

Signature: /s/ CHARLES KAHN

Printed Name: CHARLES KAHN Title: Authorized Representative/Manager

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: CHARLES KAHN AND WAYNE RISKIN, M.D.'S, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

4700-C SHERIDAN ST
HOLLYWOOD, FL 33021

12350 NW 39TH ST STE 200
CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this Corporation is to engage in any lawful act
or activity for which corporations may be organized under the
Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: WAYNE RISKIN, MD, MANAGER

Address: 12350 NW 39TH ST SUITE 200
CORAL SPRINGS, FL 33065

Name and Title: SOUTH FLORIDA MEDICAL ASSOCIATES LLC, DIRECTOR

Address: 12350 NW 39TH ST SUITE 200
CORAL SPRINGS, FL 33065

Name and Title: _____

Address: _____

Name and Title: CHARLES KAHN, MD, MANAGER

Address: 12350 NW 39TH ST SUITE 200
CORAL SPRINGS, FL 33065

Name and Title: ALLEN LICHT, DIRECTOR

Address: 12350 NW 39TH ST SUITE 200
CORAL SPRINGS, FL 33065

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: ATHENA MEDICAL MANAGEMENT GROUP, LLC

Address: 12350 NW 39TH ST SUITE 200

CORAL SPRINGS, FL 33065

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



Required Signature/Registered Agent

6/8/2022

Date

FILED
2022 JUN 14 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FL