

P23000027540

(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:

W23000025339

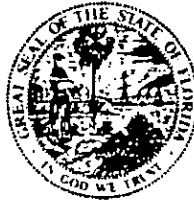
Office Use Only



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FILED
23 APR 10 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2023

LYNN K. BURT
1807 CORAL CIRCLE
NORTH FORT MYERS, FL 33903 US

SUBJECT: COUNTING BACKWARDS ANESTHESIA, INC.
Ref. Number: W23000025339

We have received your document for COUNTING BACKWARDS ANESTHESIA, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 923A00004368

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

TO: New Filing Section
Division of Corporations
Counting Backwards Anesthesia, Inc.

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

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TREASURY DEPARTMENT

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

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:
Counting Backwards Anesthesia, LLC

Enter Name of the Converting Entity
limited liability company

2. The converting entity is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

01/01/2021

on _____
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**:
Counting Backwards Anesthesia, 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.

01/01/2023

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.

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TALLAHASSEE, FLORIDA

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Signed this 2nd day of February, 2023.

Required Signature for Florida Profit Corporation:

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

Michael A. Burt

Printed Name: Michael A. Burt Title: Owner

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

Signature: Michael A. Burt

Printed Name: Michael A. Burt Title: Owner

Signature: _____

Printed Name: _____ Title: _____

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)

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME Counting Backwards Anesthesia, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

1807 Coral Circle

North Fort Myers, FL 33903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The delivery of anesthesia services to contracted facilities.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Burt- *P*

Address: 1807 Coral Circle
North Fort Myers, FL 33903

Name and Title: Lynn K. Burt- *VP*

Address: 1807 Coral Circle
North Fort Myers, FL 33903

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Lynn K. Burt

Name: _____

1807 Coral Circle

Address: _____

North Fort Myers, FL 33903

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

2-2-23
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COUNTING BACKWARDS ANESTHESIA SERVICES,
6877 SW SILVER WOLF DR
 PALM CITY, FL 34920-6880

1017
68 149 7764

DATE 02-02-2023

PAY TO THE ORDER OF Florida Department of State \$ 113.75
One Hundred Thirteen and 75/100 DOLLARS

NAVY FEDERAL
 Credit Union

FOR 2023 Int. Filing Michael E. Felt

Business Money Market Savings

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 TALLAHASSEE COUNTY

* This is the check image from NFCU
 * It cleared my account and the \$113.75 was removed,
 therefore, payment should be complete.

W.R. +

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000392030

Entity Name: COUNTING BACKWARDS ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

1807 CORAL CIR
NORTH FT MYERS, FL 33903

Current Mailing Address:

1807 CORAL CIR
NORTH FT MYERS, FL 33903 US

FEI Number: 86-2392963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURT, MICHAEL A
1807 CORAL CIRCLE
NORTH FORT MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BURT, LYNN K
Address 1807 CORAL CIR
City-State-Zip: NORTH FT MYERS FL 33903

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TALLAHASSEE, FLORIDA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BURT, LYNN K

MANAGER

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date