

P24000051359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

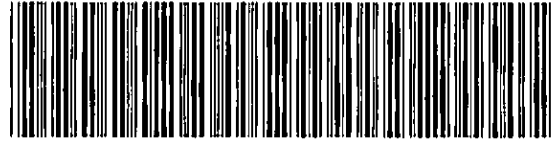
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/01/24--01009--005 \*\*113.75

STATE

2024 AUG 12 PM 2:00

FILED

T.S.H

8/12/24

July 24, 2024

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

FILED  
JUL 24 2024 PM 12:00  
TALLAHASSEE, FLORIDA  
STATE

Re: **SAINT TERESA OF AVILA HEALTHCARE, LLC**

To Whom It May Concern:

Enclosed please find the following:

- Articles of Conversion; and
- A check for \$113.75 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or [bwilliamson@andersonadvisors.com](mailto:bwilliamson@andersonadvisors.com).

Thank you.

Brandi Williamson

**COVER LETTER**

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

**SUBJECT:** Saint Teresa of Avila Healthcare, PA

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:

Brandi Williamson

Contact Person

Firm/Company

3225 McLeod Dr, Ste 100

Address

Las Vegas, NV 89121

City, State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Brandi Williamson at ( 800 ) 706-4741

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED

2012 JUN 11 PM 12:00  
STATE

**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:

SAINT TERESA OF AVILA HEALTHCARE, 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 - L21000349427  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/03/2021

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:

Saint Teresa of Avila Healthcare, PA

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.

**FILED**  
JUL 29 2021  
FLORIDA DEPARTMENT OF STATE

Signed this 24th day of July, 2024.

**Required Signature for Florida Profit Corporation:**

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

Brandi Williamson

Printed Name: Brandi Williamson Title: Incorporator

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

Signature: Brandi Williamson

Printed Name: Brandi Williamson Title: Authorized Representative

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)

FILED  
JUL 24 2024  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**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: Saint Teresa of Avila Healthcare, PA

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

13901 SW 71st Lane

Miami, FL 33183

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Family Nurse Practitioner

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Daniela A. Ibarra, P, VP, T, S, D

Address: 13901 SW 71st Lane

Miami, FL 33183

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

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

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

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

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

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

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

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

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

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

FILED

2024 JUN 10 PM 3:00  
STATE

**ARTICLE VI REGISTERED AGENT**

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

Name: ANDERSON REGISTERED AGENTS, INC.

Address: 625 E. Twiggs Street, Suite 110

Tampa, FL 33602

\*\*\*\*\*

*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

07/24/2024

\_\_\_\_\_  
Date

FILED  
JUL 24 2024  
STATE