

L24000344971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

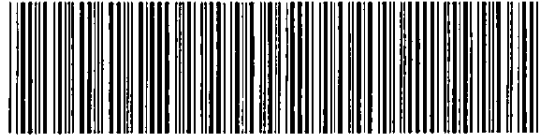
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900431827829

2024 AUG -3 PM 9:47

FILED

NS



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 08/09/2024

Name: Patrice Rush

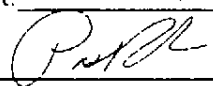
Reference #: 2464410

Entity Name: PEDIATRIC HEALTH OF FLORIDA, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFICATE OF STATUS

2024/11/06 - 9:27:47 AM
0117

Authorized Amount: \$155.00

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 08/09/2024

Name: Patrice Rush

Reference #: 2464410

Entity Name: PEDIATRIC HEALTH OF FLORIDA, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFICATE OF STATUS

2024 AUG -9 01 09:47

Authorized Amount: \$155.00

Signature:

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
REGISTRY #801072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PEDIATRICA HEALTH OF FLORIDA, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

James M. Scears
(Contact Person)

GableGotwals
(Firm/Company)

110 N Elgin Ave., Ste. 200
(Address)

Tulsa, Oklahoma 74120
(City, State and Zip Code)

jscears@gablelaw.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

James M. Scears at (918) 595-4879
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

2024/11/09 10:04:47
FILED

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and 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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
RAINBOW PEDIATRIC CENTER, PA
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional association
(Enter entity type. Example: corporation, 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 06/29/2005
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
PEDIATRICA HEALTH OF FLORIDA, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

5. The plan of conversion has been approved in accordance with all applicable statutes.


6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

2025 JUN 30 10:07 AM
FILED
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT


Signed this 9th day of August

2024

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Prasanthi Reddy Title: Manager

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

Signature: 
Printed Name: Prasanthi Reddy Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024/08-09 09:47

Prasanthi Reddy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEDIATRICA HEALTH OF FLORIDA, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4788 Hodges Blvd
B-108
Jacksonville, FL 32224

4788 Hodges Blvd
B-108
Jacksonville, FL 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Prasanthi Reddy
Name

4788 Hodges Blvd, B-108
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32224
City Zip

6-5094702

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Prasanthi Reddy

4788 Hodges Blvd, B-108

Jacksonville, FL 32224

(Use attachment if necessary)

ARTICLE V: Other provisions. if any.

REQUIRED SIGNATURE:

Prasanthi Reddy

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

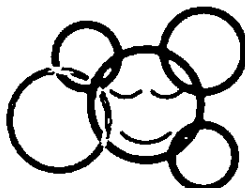
Prasanthi Reddy

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

2024.11.21
11:05 AM



PEDIATRICA
Health Group

75 Valencia Avenue
Suite 709
Coral Gables, Florida 33134
roberto@pediatrica.com

August 6, 2024

CONSENT TO USE OF NAME

To the Secretary of State of Florida:

Pediatrica Health Group, Inc. (“PHGI”), a corporation organized under the laws of the State of Delaware and authorized to transact business in the State of Florida, has, pursuant to a license agreement, consented to and authorized Pediatrica Health of Florida, LLC (“PHOF”) to use the name “Pediatrica Health of Florida, LLC” in its filing of Articles of Organization with the State of Florida. This consent is effective as of the date indicated below.

IN WITNESS WHEREOF, said Pediatrica Health Group, Inc., has caused this consent to be executed this sixth (6th) day of August, 2024.

Pediatrica Health Group, Inc., a Delaware corporation

By: Roberto L. Palenzuela

Name: Roberto L. Palenzuela

Title: Chief Executive Officer