

P25000008040

52-21-2
2-12-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

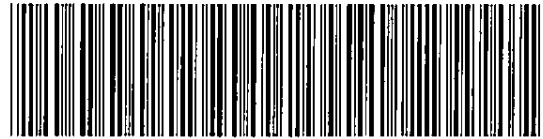
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25000000346

WORA

Office Use Only



600441590146

12/27/24--01010--013 **122.50

FILED
CLERK OF STATE
RECORDS
29 DEC 27 PM 2:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2025

ROSEMARIE A. ALLEO
276 ALTMAN AVE SE
PALM BAY, FL 32909 US

SUBJECT: SONIC HEALTHCARE CORPORATION
Ref. Number: W25000000346

We have received your document for SONIC HEALTHCARE CORPORATION and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Matthew H Hitchcock
Regulatory Specialist II

Letter Number: 725A00000087

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sonic Healthcare Corporation

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:

Rosemarie A Allen

Contact Person

Sonic Healthcare Corporation

Firm/Company

276 Altman Ave SE.

Address

Palm Bay FL. 32909

City, State and Zip Code

Roughgrouse@hotmail.com

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

For further information concerning this matter, please call:

Rosemarie A Allen at (321) 634-2149

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

Sonic Healthcare Corporation

Enter Name of the Converting Entity

2. The converting entity is a **S-Corp.**

(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 **Maryland**

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

on **11/3/2003**

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**:

Sonic Healthcare Corporation

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: **1/01/2025**

(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.

29 DEC 27 PM 2:06

FILED
CLERK OF STATE
CORPORATIONS

Signed this 10 day of February, 2025.

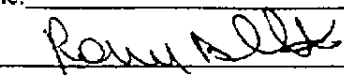
Required Signature for Florida Profit Corporation:

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


Printed Name: Rosemarie A Allen Title: President

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

Signatures: 
Printed Name: Rosemarie A Allen Title: President

Signature: 
Printed Name: Ronnie Allen Title: Vice-President

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: Sonic Healthcare Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

276 Altman Ave SE.

Palm Bay, FL

32909

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide nursing and healthcare related services.

ARTICLE IV SHARES

The number of shares of stock is: 1.0

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Rosemarie A Allen, President

Address: 276 Altman Ave SE.
Palm Bay, FL. 32909

Name and Title: Ronnie Allen, Vice-President

Address: 276 Altman Ave, SE
Palm Bay, FL. 32909

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:

Name: Rosemarie A. Allen
Address: 276 Altman Ave, SE
Palm Bay, FL. 32909

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

2/10/2025
Date

FILED
CLERK OF STATE
CORPORATIONS
25 DEC 27 PM 2:06