

716049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

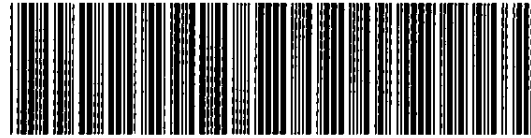
Special Instructions to Filing Officer:

**L. SELLERS**

NOV 22 2010

**EXAMINER**

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10 NOV 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Holmes Regional Medical Center, Inc.  
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kim Nowakowski

Contact Person

Health First, Inc.

Firm/Company

6450 US Highway 1

Address

Rockledge, FL 32955

City, State and Zip Code

kimberly.nowakowski@health-first.org

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

For further information concerning this matter, please call:

Kim Nowakowski

(Name of Contact Person)

at ( 321 )

434-4378

(Area Code and Daytime Telephone Number)

☒ Certified copy (optional) \$52.50

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2010

KIM NOWAKOWSKI  
HEALTH FIRST INC.  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

SUBJECT: HOLMES REGIONAL MEDICAL CENTER, INC.  
Ref. Number: 716049

We have received your document for HOLMES REGIONAL MEDICAL CENTER, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of 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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 210A00024338



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2010

KIM NOWAKOWSKI  
HEALTH FIRST, INC.  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

SUBJECT: HOLMES REGIONAL MEDICAL CENTER, INC.  
Ref. Number: 716049

We have received your document for HOLMES REGIONAL MEDICAL CENTER, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 210A00026131

**Florida Limited Partnership or Limited Liability Limited Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Hickory Assisted Living, LP	Florida	Limited Partnership

**SECOND:** The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>Holmes Regional Medical Center</u>	Florida	Not for Profit Corporation

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: December 1, 2010 .

**(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)**

**FOURTH:** The merger was approved by each party as required by its governing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIFTH:** If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:

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Mailing address:

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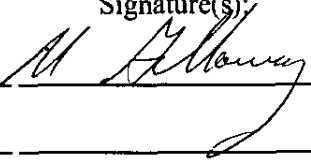
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**SIXTH:** Other provisions, if any, relating to the merger:

**SEVENTH:** Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Health First Assisted Living, Inc.		Robert C. Galloway, Treas.

**Fees:** Filing Fees: \$52.50 Per Party  
Certified Copy: \$52.50 (Optional)  
Certificate of Status: \$8.75 (Optional)