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Name:	Central Florid	Central Florida Medical Affiliates, Incorporated			
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Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Central Florida Medical Affiliates, Incorporated
Name of Surviving Entity
The enclosed Articles of Merger and fee are submitted for filing.
Please return all correspondence concerning this matter to following:
Mya Hatchette
Contact Person
Maynard Nexsen PC
Firm/Company
200 E. New England Avenue, Suite 300
Address
Winter Park, FL 32789
City/State and Zip Code
mhatchette@maynardnexsen.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Evans _{At (} 678) 977-5994
Name of Contact Person Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

Mailing Address:

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

Street Address:

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

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

ARTICLES OF MERGER

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

<u>Name</u>	Jurisdiction	Entity Type	Document Number
Central Florida Medical Affiliates, Incorporated	Florida	Corporation	(If known/ applicable) G73764
SECOND: The name and jurisdiction of each p	merging eligible	entity:	
<u>Name</u>	Jurisdiction	Entity Type	Document Number
Name Primary Partners Alliance IPA LLC	Jurisdiction Florida	Entity Type Limited Nationally company	Document Number (If known/ applicable)

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

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<u>FOUR'</u>	<u>FH:</u> Please check one of the boxes that apply to surviving entity:
Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
D	This entity exists before the merger and is a domestic filling entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFTH</u>	: Please check one of the boxes that apply to domestic corporations:
	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
SIXTH	Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
SEVER	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

EIGHTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

January 1, 2025

<u>Note:</u> 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.

NINTH: Signature(s) for Each Party: Name of Entity/Organization: Central Florida Medical Associates, Incorporated	Signature(s): Or. Frank Vulgado	Typed or Printed Name of Individual: Dr. Frank Delgado, Authorized Office
Primary Partners Alliance IPA LLC	Charles E. Hold	Charles E. Holt, Chief Executive Office

Corporations:

General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Chairman. Vice Chairman. President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person

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