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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: AccuMed Holding Corp. (Name of Surviving Page 1)	rty)
The enclosed Certificate of Merger and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to:
Ed McNicholas	
(Contact Person)	
Tender Loving Care	
(Firm/Company)	
1983 Marcus Avenne, CB 7011	
(Address)	
, ,	
Lake Success, NY 11042	
(City, State and Zip Code)	
For further information concerning this matter, please	call:
Ed McNicholas at (516) 327-3369
(Name of Contact Person) (Are	a Code and Daytime Telephone Number)
Certified copy (optional) \$30.00	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section R	Registration Section
Division of Corporations	Division of Corporations
	. O. Box 6327
	fallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Merger For Florida Limited Liability Company

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

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

Name	<u>Jurisdiction</u>	Form/Entity Type	
AccüMed Home Health of Flo	ormda, LLC Florida	Limited Liability Com	pany
AccuMed Holding Corp	Delaware	<u>Corporation</u> .	
SECOND: The exact name, for as follows:	m/entity type, and jurisdicti	on of the <u>surviving</u> party are	
Name	<u>Jurisdiction</u>	Form/Entity Type	
AccuMed Holding Corp	Delaware	Corporation	

<u>THIRD:</u> The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated. FIFTH: If other than the date of filing, the 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:
N/A
<u>SIXTH:</u> If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:
c/o TLC Health Care Services, Inc.
1983 Marcus Avenue CB 7011
Lake Success, NY 11042
SEVENTH: If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitles under ss.608.4351-608.43595, F.S.
EIGHTH: If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:
a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:
Street address: c/o TLC Health Care Services, Inc.
1983 Marcus Avenue CB 7011
Lake Success, NY 11042
Mailing address:

b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:

Signature(s):

Name of Individual:

Accumed Holding Corp. x Wesley N. Perry Accumed Holding Corp.

Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

General partnerships:

Signatures of all general partners

Florida Limited Partnerships: Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

Fees: For each Limited Liability Company: \$25.00

For each Corporation: \$35.00
For each Limited Partnership: \$52.50
For each General Partnership: \$25.00
For each Other Business Entity: \$25.00

Certified Copy (optional): \$30.00

PLAN OF MERGER

FIRST: The exact name, form/entity follows:	type, and jurisdiction for each	ch merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
ccUMed Home Health of Florida,	LLC Florida	Limited Liability Company
AccuMed Holding Corp.		,
SECOND: The exact name, form/ent as follows:		
Name	<u>Jurisdiction</u>	Form/Entity Type
AccuMed Holding Corp.	Delaware	Corporation
THIRD: The terms and conditions of	_	
AccuMed Holding Corp. owns 1	00 percent of the out	standing
Stock of Accumed Home Health	of Florida, LLC	
AccuMed Home Health of Flori Holding Corp., which will be	_	
		
(Attach add	itional sheet if necessary)	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FOURTH:

of the survivor, in whole of	•	1 1 7	
N/A	·		
		•	
		<u> </u>	
			
	•		
		· 	
	(Attach additional sh	eet if necessary).	
B. The manner and basis or other securities of each obligations or others secur property is as follows:	merged party into rig	hts to acquire the	interests, shares,
	N/A		
- · · · · · · · · · · · · · · · · · · ·	(Attach additional sh	not if wacassami)	

<u>FIFTH:</u> Any statements that are required by the laws under which each off entity is formed, organized, or incorporated are as follows:	ner business
The merger was approved by the Board of Directors of Acc	suMed Woldir
	<u>.arrea_1101a.rr</u> .
Corp. on December 22, 2006	
The merger was approved by AccuMed Holding Corp., the sole	
member of AccuMed Home Health of Florida, LLC on December	er 22, 2006
	<u> </u>
(Attach additional sheet if necessary)	
SIXTH: Other provisions, if any, relating to the merger are as follows:	
N/A	
·	
	
(Attach additional sheet if necessary)	
. (2200000 mannother street by the country)	0

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