

LO70000027371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

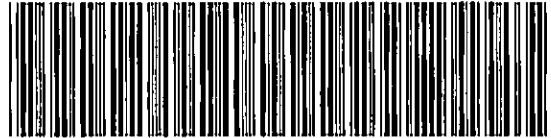
(Business Entity Name)

(Document Number)

Certified Copies X Certificates of Status _____

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12/17/18--01021--028 **25.00

11/13/18--01031--003 **55.00

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2018 DEC 14 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

Art. of Merger

12-14-18

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2018

GEORGE M. JOHNSON
GEORGE M. JOHNSON, P.C.
215 HIGH LEA RD.
BRENTWOOD, TN 37027

SUBJECT: CLINICARE, LLC
Ref. Number: L07000027371

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file the articles of merger are as follows:

| | |
|--|---------|
| For each Limited Partnership: | \$52.50 |
| For each Limited Liability Company: 25.00 (x2) | |
| For each Corporation: 35.00 | |
| For each General Partnership: 25.00 | |
| All Others: | 25.00 |

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 818A00024433

RECEIVED

2018 DEC 14 AM 10:18

STATE OF FLORIDA
TALLAHASSEE

\$55.00 pd
\$25.00 enclosed

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinicare, LLC

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Sharon Petty or George Johnson

Contact Person

George M Johnson, PC

Firm/Company

215 High Lea Road

Address

Brentwood, TN 37027

City, State and Zip Code

sharon@johnsonnlaw.com

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

For further information concerning this matter, please call:

Sharon Petty

at (615) 373.2054

Name of Contact Person

Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

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

MAILING ADDRESS:

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

**Articles of Merger
For
Florida Limited Liability Company**

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, 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> |
|-----------------|---------------------|-------------------------|
| Clinicare, LLC | Florida | LLC |
| Clinicare, PLLC | Tennessee | PLLC |
| | | |
| | | |

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> |
|-----------------|---------------------|-------------------------|
| Clinicare, PLLC | Tennessee | PLLC |

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

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SECRETARY OF STATE
TALLAHASSEE, FL

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- ☐ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record 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.
- ☒ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

Clinicare, PLLC

2000 Mallory Lane, Suites 130-338

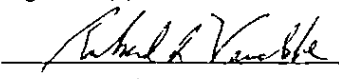
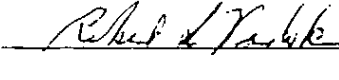
Franklin, TN 37067

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: 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:

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.

SEVENTH: Signature(s) for Each Party:

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|------------------------------|---|--------------------------------------|
| Clinicare, LLC |  | Robert S. Venable, President |
| Clinicare, PLLC |  | Robert S. Venable, President |
| | | |
| | | |

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

| | | | | |
|---------------------|-------------------------------------|---------|--|---------|
| <u>Fees:</u> | 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 | <u>Certified Copy (optional):</u> | \$30.00 |