

# 2091000117415

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000302945 3)))



H150003029453ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
15 DEC 23 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### MERGER OR SHARE EXCHANGE SURGICAL ASSIST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$58.75

15 DEC 23 AM 3:07

DEC 28 2015  
T. LEMIEUX

Electronic Filing Menu    Corporate Filing Menu    Help

*Merger*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surgical Assist, 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:

Betty Cheers

\_\_\_\_\_  
Contact Person

SpecialtyCare

\_\_\_\_\_  
Firm/Company

3100 West End Ave., Suite 800

\_\_\_\_\_  
Address

Nashville, TN 37203

\_\_\_\_\_  
City, State and Zip Code

betty.cheers@specialtycare.net

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

For further information concerning this matter, please call:

Nathaniel Goldfinger at ( 216 ) 861-6680  
\_\_\_\_\_  
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>
SpecialtyCare Surgical Assist, LLC	Delaware	Limited Liability Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
Surgical Assist, LLC	Florida	Limited Liability Company
_____	_____	_____

**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).

FILED  
 15 DEC 23 AM 8:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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:

---



---



---

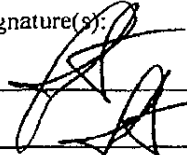
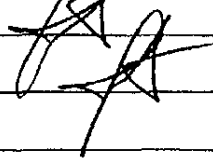
**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

**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:

December 31, 2015 at 11:47 p.m.

**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:
SpecialtyCare Surgical Assist, LLC		John G. Arena
Surgical Assist, LLC		John G. Arena
_____	_____	_____
_____	_____	_____

- |                                   |  |
|-----------------------------------|--|
| Corporations:                     | Chairman, Vice Chairman, President or Officer<br><i>(If no directors selected, signature of incorporator.)</i> |
| 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  |

<b>Fees:</b> 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	<b>Certified Copy (optional):</b>	\$30.00