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· ·	CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE
	TALLAHASSEE, FL 32301 222-1173
	FILING COVER SHEET ACCT. #FCA-23
	CONTACT: Kim Weidenbach
	DA COD
	DATE: <u>12/30/13</u>
	REF. #:
	CORP. NAME: HEALTHCARE MARKETING & REVENUE SERVICES, LLC (IL) merging into:
::	HEALTHCARE MARKETING & REVENUE SERVICES, LLC (FL)
·	
· : · · ,	() ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
İ .:	() ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
 -	() FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY
	() REINSTATEMENT (XX) MERGER () WITHDRAWAL
	() CERTIFICATE OF CANCELLATION
	() OTHER: # File Second
.:	STATE FEES PREPAID WITH CHECK# 10000560 FOR \$ 80.00
	AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:
4	on the Agricultural Control of the C
	COST LIMIT: \$
•	PLEASE RETURN:
. :	(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY
	() CERTIFICATE OF STATUS
 ;	Examiner's Initials
<i>:</i>	

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.

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

<u>Name</u> Healthcare Marketing & Revenue Services, LLO	Jurisdiction Illinois	Form/Entity Type Imited liability company
Healthoare Markeling & Revenue Services, LLC	Florida	limited liability company
	*	
SECOND: The exact name, form/en as follows:	tity type, and jurisd	iction of the <u>surviving</u> party are
Name	Jurisdiction	Form/Entity Type
Healthcare Marketing & Revenue Services, LLC	Florida	limited flability company

THIRD: 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.

is a party to t	to attached plan he merger in acc der which such c	ordance with	h the applic	able laws o	f the sta	ie, cour	itry or
FIFTH: If oth	or than the date o	of filing, the	offective da	ate of the m	ierger, v	Vhich ce	
Department of			.,				
		•	•		:		
SIXTH: If the	surviving party i vivor's principal	s not former	d, organized ss in its ho	l or incorpo me state, co	orated un untry o	ider the Jurisdi	laws of
• . :							
	· 1/17						
		· · · · · · · · · · · · · · · · · · ·		·		· · ·	<u>.</u> :
EIGHTH: If the	nbers are entitles no surviving part state, the survivi	y is an out-o				ransact	,
Dustitess in tilla	state, 1110 341 7171	ng chary.	,			:	
	owing street and State may use for						
Street address:	·	·					······································
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National address.							•
Mailing address	H <u></u>	,					
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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,

Signature

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:

Healthcare Marketing & Revenue Services, LLC

Typed or Printed Name of Individual:

James D. Dudley, Manager

Healtheare Marketing & Revenue Services, LL

James D. Dudley, Manager

Corporations:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person

Plorida Limited Partnerships: Non-Florida Limited Partnerships: Signatures of all general partners

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

> \$25.00 For each Other Business Entity:

Certified Copy (optional):

\$30,00

PLAN OF MERGER

		· · · · · · · · · · · · · · · · · · ·
FIRST: The exact name, form/entity follows:	type, and jurisdiction for e	ach <u>merging</u> party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
Healthcare Marketing & Revenue Services, LLC	Illinois	limited liability company
Healthcare Marketing & Revenue Services, LLC	Florida	limited liability company
		·
·		
SECOND: The exact name, form/en	tity type, and jurisdiction of	the surviving party are
as follows:		
Name	Jurisdiction	Form/Entity Type
Healthcare Marketing & Revenue Services, LLC	Florida	limited liability company
THIRD: The terms and conditions of	f the merger are as follows:	
Upon filing the merger	· .	n unit of the
non-surviving entity is	to be converted	nto one unit
in the surviving entity.		
	·	
	 	·
(Attach add	litional sheet if necessary)	

FOU	RT	'FT:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows: Each unit of the non-surviving party is converted into
one unit in the surviving party.
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(Attach additional sheet if necessary)
B. The manner and basis of converting <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:
Upon filing of the merger documents, each unit in the
non-surviving party is to be converted into one unit
in the surviving party.
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<u></u>
(Attach additional sheet if necessary)

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