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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 577620 4343687

AUTHORIZATION :

COST LIMIT : \$ 75.00

ORDER DATE : December 17, 2020

ORDER TIME : 12:35 PM

ORDER NO. : 577620-005

CUSTOMER NO: 4343687

ARTICLES OF MERGER

MEDICAL INJURY GROUP OF
STARKE, L.L.C.

INTO

MEDICAL INJURY GROUP OF LAKE
CITY, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL INJURY GROUP OF LAKE CITY, L.L.C.
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

ALAN S. GASSMAN

Contact Person

GASSMAN, CROTTY & DENICOLO, P.A.

Firm/Company

1245 COURT STREET

Address

CLEARWATER, FL 33756

City, State and Zip Code

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

For further information concerning this matter, please call:

ADRIANA CHOI at (727) 442-1200
Name of Contact Person Area Code Daytime Telephone Number

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Lifton Building
661 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>
MEDICAL INJURY GROUP OF CHIEFLAND, L.L.C.	FLORIDA	LIMITED LIABILITY COMPANY
MEDICAL INJURY GROUP OF STARKE, L.L.C.	FLORIDA	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>
MEDICAL INJURY GROUP OF LAKE CITY, L.L.C.	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).

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CLERK OF CIRCUIT COURT
JACKSONVILLE, 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 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, 2020

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:
MEDICAL INJURY GROUP OF LAKE CITY, L.L.C.		ALAN S. GASSMAN, AUTH. REP.
MEDICAL INJURY GROUP OF CHIEFLAND L.L.C.		ALAN S. GASSMAN, AUTH. REP.
MEDICAL INJURY GROUP OF STARKE, L.L.C.		ALAN S. GASSMAN, AUTH. REP.

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

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