(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						

Office Use Only



800356686418

2020 DEC 18 PH 2: 02

" WHIKEL

DEC 2 1 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 577620 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

... /2/

442-1200

Name of Contact Person

Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
661 Executive Center Circle
'alfahassee, FL 32301

MAILING ADDRESS:

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

R2E080 (2/20)

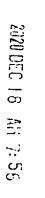
Articles of Merger For Florida Limited Liability Company

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:

Name	<u>Jurisdiction</u>	Form/Entity Type
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	e, and jurisdiction of the <u>survi</u>	ving party are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
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).



<u>FOUI</u>	RTH: Please check one of the	boxes that app	ly to surviving e	ntity: (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:							
ss.605 SIXTI days at	4: This entity agrees to pay any 1006 and 605.1061-605.1072, L: If other than the date of filir fter the date this document is file CEMBER 31, 2020	F.S.	effective date of	the merger, which cannot				
Note:	If the date inserted in this block document's effective date on the				nts, this date w	ill not be listed		
SEVE	NTH: Signature(s) for Each Pa	arty:			Typed or B	Printed		
Name of Entity/Organization: Signature(s):				Typed or Printed Name of Individual:				
MEDIC	CAL INJURY GROUP OF LAKE C	ITY, L.L.C.	ald		NLAN S. GASSMA	N, AUTH. REP.		
MEDIC	AL INJURY GROUP OF CHIEFL	AND L.L.C	ON	,	ALAN S. GASSMA	N, AUTH. REP.		
MEDIC	CAL INJURY GROUP OF STAR	KE, L.L.C.			ALAN S. GASSMA	N, AUTH. REP.		
Corpor	ations:			President or Officer mature of incorporator.)				
	l partnerships:	Signature of	fa general partne	er or authorized person				
	orida Limited Partnerships: Signatures of all general partners on-Florida Limited Partnerships: Signature of a general partner							
	Liability Companies:		a general particle an authorized p					
Fees:	For each Limited Liability Col	mpany:	\$25.00	For each Corporation	n:	\$35.00		
	For each Limited Partnership: For each Other Business Entity	··	\$52.50 \$25.00	For each General Par Certified Copy (ont		\$25.00 \$30.00		