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(Reque	stor's Name)			
(Addre:	ss)			
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(City/Si	ate/Zip/Phone ៖	¥)		
PICK-UP [WAIT	MAIL		
(Busine	ess Entity Name)		
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filir	ng Officer:			





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MAR 1/4.2019 T. LEMIEUX CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 683123 4724048

AUTHORIZATION : Smell

COST LIMIT : \$\sqrt{5}_0.00

ORDER DATE: March 13, 2019

ORDER TIME : 2:35 PM

ORDER NO. : 683123-010

CUSTOMER NO: 4724048

ARTICLES OF MERGER

UMC ACQUISITION SUB LLC

INTO

IMA GROUP MANAGEMENT COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

COVER LETTER

TO:	Amendment Section Division of Corporations			
SURI	ECT: IMA Group Management Compa	ny, LLC		
3000	<u></u>	Name of S	Surviving Pa	irty
The er	nclosed Certificate of Merger and fee(s) are submitted	for filing.	
Please	e return all correspondence concerning	this matter to:		
Charm	naine Perdon			
	Contact Person			
Greenl	berg Traurig, LLP			
	Firm/Company			
200 Pa	ark Avenue			
	Address			
New Y	York, NY 10166			
	City, State and Zip (Code		
perdon	nc@gtlaw.com			
	E-mail address: (to be used for futur	e annual report n	otification)	_
For fu	rther information concerning this mat	tor places call:		
	naine Perdon	212	801-68	338
	Name of Contact Person	at () Area Code	Daytime Telephone Number
0	Certified copy (optional) \$30.00			
STREET ADDRESS:		MA	MAILING ADDRESS:	
Amendment Section		Am	Amendment Section	
Division of Corporations			Division of Corporations	
Clifton Building			P. O. Box 6327	
	Executive Center Circle	Tal	lahassee, FL	. 32314
Tallah	assee, FL 32301			

CR2E080 (2/14)

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>	Form/Entity Type
UMC Acquisition Sub LLC	Delaware	Limited Liability Company
	····	
		
SECOND: The exact name, form/entity ty	pe, and jurisdiction of the sur	viving party are as follows:
Name	 Jurisdiction	Form/Entity Type
IMA Group Management Company, 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).

<u>FOU</u>	RTH: Please check one of the	boxes that app	ly to surviving	entity: (if applicable)				
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.							
0	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.							
0	This entity is a foreign entity that does not have a certificate of authority to transact business in the mailing address to which the department may send any process served pursuant to s. 605.0117 and Florida Statutes is:							
ss.605 <u>SIXT</u>	5.1006 and 605,1061-605,1072,	F.S.	effective date o	the amount, to which members are enforced from the the merger, which cannot be prior to of State:				
		·	· 					
Note: as the	If the date inserted in this bloc document's effective date on the	ck does not mee ne Department o	t the applicable of State's record	statutory filing requirements, this date s.	will not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:						
Name	of Entity/Organization:	S	ignatüsc(s):	Typed or Print Name of Individu				
	Acquisition Sub LLC			Dr. David C. P				
IMA C	Group Management Company, LLC		15	Dr. David C. P	ulver, M.D.			
								
 Corpor	rations:	Chairman, V	ice Chairman,	President or Officer				
Genera Florida Non-Fl	al partnerships: Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	(If no director Signature of Signatures of Signature of	ors selected, sig	nature of incorporator.) er or authorized person tners er				
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit		\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnership: Certified Copy (optional):	\$35,00 \$25.00 \$30.00			