

MAY/27/2021/THU 06:28 PM

FAX NO.

P. 001

5/27/2021

Division of Corporations

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.

((H21000213442 3)))



H210002134423ABCT

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 : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2893

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

Email Address: truberg@blalockwalters.com

MERGER OR SHARE EXCHANGE

FDHS Anesthesia, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$50.00

JUN 01 2021

ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000213442 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FDHS Anesthesia, 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:

Jodi M. Ruberg

Contact Person

Blalock Walters, P.A.

Firm/Company

2 N. Tamiami Trail, Suite 400

Address

Sarasota, FL 34236

City, State and Zip Code

sorendorff@blalockwalters.com

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

For further information concerning this matter, please call:

Jodi M. Ruberg

at (941) 748-0100

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

CR2E080 (2/20)

(((H21000213442 3)))

DocuSign Envelope ID: 803A4868-1350-4A4C-A18E-4EE692775DA0

(((H21000213442 3)))

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:

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:

FDHSA Mergeco, LLC

FDHS Anesthesia, LLC

Signature(s):

DocuSigned by:



EM40143200EC460...



EM40143200EC460...

Typed or Printed

Name of Individual:

Arun Khazanchi, M.D., Manager

Arun Khazanchi, M.D., 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

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

(((H21000213442 3)))