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.

(((H23000016046 3)))



Note: DO NOT hit the REFRESH/RFLOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

,.....

Division of Componations

Fax Number : (850)617-6380

From:

Account Name : DRUMMOND WEHLE YONGE LLP

Account Number | 120052000133 : (813)983-8880 Fax Mumber : (\$13)983-8001

> \*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

Email Address: tyler@dwyfirm.com

## MERGER OR SHARE EXCHANGE

American Society for Post-Surgical Pain LLC

Certificate of Status	()
Certified Copy	0
Page Count	3
Estimated Charge	\$50.00

Electronic Filing Menu — Corporate Filing Menu

A. RAMSEY JAN 1 9 2023 Help

01/18/2023 09:12 From: 8139838001 Tyler Yonge Page: 4/4

850-617-6381 1/13/2023 10:32:11 AM PAGE 1/001 Fax Server

January 12, 2023

FLORIDA DEPARTMENT OF STATE

AMERICAN SOCIETY FOR POST-SURGICAL PAIN LLC 2819 W LEILA AVE TAMPA, FL 33611US

SUBJECT: AMERICAN SOCIETY FOR POST-SURGICAL PAIN LLC

REF: L21000374867

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

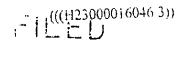
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000016046

Regulatory Specialist II Supervisor Letter Number: 423A00000962

Page: 2/4

## Articles of Merger For Florida Limited Liability Company



2023 JAN 18 PM 12 31

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:

From: 8139838001

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Ultrasound Experts LLC	Florida	LLC
	· · · · · · · · · · · · · · · · · · ·	
SECOND: The exact name, form/entity typ	e, and jurisdiction of the surv	viving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Emity Type
American Society for Post-Surgical Pain LLC	Florida	LLC

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).

(((H23000016046 3)))

FOUR	TH: Please check one of the bo	xes that ap	ply to surviving ent	ity: (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 fimited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
	This entity is a foreign entity the mailing address to which the de Florida Statutes is:								
ss.605.	1: This entity agrees to pay any n 1006 and 605.1061-605.1072, F. 1: If other than the date of filing. Ter the date this document is filed	S , the delaye	d effective date of	the merger, which can					
	If the date inserted in this block of document's effective date on the				ients, this date	will not be listed			
SEVE	NTH: Signature(s) for Each Part	y;			Typed or	Printed			
	of Entity/Organization.		Signature(s):		Name of	Individual:			
Ulti	asound Experts	LLC	Natalu;a kala	va.		a Kalava			
			Anur kalava	***************************************	Arun K	<u>alava</u>			
Americ	can Society for Post-Surgical Pair	n LLC	anu kalwa		Arun K	alava			
Corpor	rations:	Chairman	, Vice Chairman, P	resident or Officer					
Conner	d northweshims			nature of incorporator.	<i>)</i>				
	neral partnerships: Signature of a general partner or authorized person rida Limited Partnerships: Signatures of all general partners								
Non-F	r-Florida Limited Partnerships: Signature of a general partner								
Limite	d Liability Companies:	Signature	of an authorized po	erson					
Fees:	For each Limited Liability Com	ipany;	\$25.00	For each Corporat	ion:	\$35.00			
	For each Limited Partnership:		\$52.50	For each General I	Partnership:	\$25.00			
For each Other Business Entity:		<del>.</del>	\$25.00	Certified Copy (a	ntional):	\$30.00			