# Electronic Filing Cover Sheet

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(((H23000441340 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

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

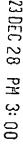
Email	Address:	

## MERGER OR SHARE EXCHANGE PROAMERICA MANAGED CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$103.75

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#### **COVER LETTER**

H23000441340

TO: Amendment Section

Division of Corporations

SUBJECT: ProAmerica Managed Care, Inc.

Name of Surviving Entity

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Holly Rachal

Contact Person

Phelps Dunbar LLP

Firm/Company

400 Convention St., #1100

Address

Baton Rouge, LA 70802

City/State and Zip Code

holly.rachal@phelps.com

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

For further information concerning this matter, please call:

Holly Rachal

At (225) 346-0285

Name of Contact Person

Area Code & Daytime Telephone Number

Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

Mailing Address:

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

### **ARTICLES OF MERGER**

H23000441340

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the <u>surviving</u> entity:

Name

Jurisdiction

Entity Type

Occument Number
(If known/ applicable)

**SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity:

Name	<u>Jurisdiction</u>	Entity Type	Document Number (If knowr/applicable) L9500000 1013	
Florida Health, L.C.	FL	tribd lability company		
HealthNetwork ProAmerica Midwest, Inc.	ĪL	corporation	DEC	
			ν	
			——————————————————————————————————————	
			00	

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

FOUR	TH: Please check one of the boxes that apply to surviving entity:	H230004413	40			
	This entity exists before the merger and is a domestic filing entity.					
Ø	This entity exists before the merger and is not authorized to transact business in Florida.					
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.					
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.					
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.					
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.					
0	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.					
FIFTH	Please check one of the boxes that apply to domestic corporations:					
Ø	The plan of merger was approved by the shareholders and each separate voting group as required.					
	The plan of merger did not require approval by the shareholders.					
SIXTH	Please check box below if applicable to foreign corporations					
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.					
SEVEN	ITH: Please check box below if applicable to domestic or foreign non corporation(s).					
<b>7</b>	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance eligible entity's organic law.	with each of such	ה			
		2023 DEC 28 PH 3: 00				

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EIGHTH: 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, 2023 at 11:49pm

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.

NINTH: Signature(s) for Each Party:		Typed or Printed	
Name of Entity/Organization: ProAmerica Managed Care, Inc.	Signature(a):	Name of Individual:	
Florida Health, L.C.	KARSY	KENT BARTHOLOMEN	
HealthNetwork ProAmerica Midwest, Inc.	Katort	KANT BRATHOWNEL	

Corporations:

General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:

Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner

Signature of an authorized person