

M06000006401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

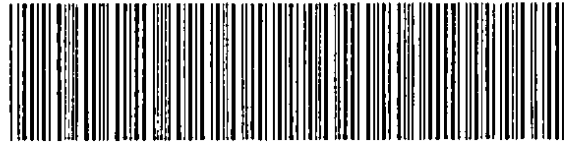
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500349288255

EFFECTIVE DATE

Aug 1, 2020

RECEIVED
2020 JUL 30 PM 2:03

2020 JUL 30 PM 1:04

C. GOLDEN

AUG 24 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 371464 4352697
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 160.00

ORDER DATE : July 29, 2020

ORDER TIME : 11:42 AM

ORDER NO. : 371464-005

CUSTOMER NO: 4352697

ARTICLES OF MERGER

CONTINU CARE MEDICAL
MANAGEMENT, LLC

INTO

CONVIVA MEDICAL CENTER
MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson 62968

EXAMINER'S INITIALS: _____

RECEIVED
2020 AUG 21 PM 2:12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Conviva Medical Center Management, 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:

Mehrya Nawabi

Contact Person

Humana Inc.

Firm/Company

500 West Main Street

Address

Louisville, KY 40202

City, State and Zip Code

mnawabi4@humana.com

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

For further information concerning this matter, please call:

mehrya Nawabi

at (

502

)

580-3691

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2020

CORPORATION SERVICE COMPANY
% AMANDA ROBINSON
1201 HAYS STREET
TALLAHASSEE, FL 32301

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CONTINUCARE MEDICAL MANAGEMENT, INC.
Ref. Number: P97000092987

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We have no record of an Limited Liability Company listed as CONTINUCAREM MEDICAL MANAGEMENT, LLC. However, we do have a corporation listed as CONTINUCARE MEDICAL MANAGEMENT, INC.

The fee to file the merger is \$35.00 for each corporation and \$25.00 for each Limited Liability Company listed in the merger.

Section 605.1025(1) or 607.1105(1), requires a signature for each entity involved in the merger. If one person is signing on behalf of more than one entity, please indicate so with the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00014359

**Articles of Merger
For
Florida Limited Liability Company**

2011-07-27 PM 1:05

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>	<u>Form/Entity Type</u>
<u>Continucare Medical Management, Inc.</u>	<u>Florida</u>	<u>Incorporation</u>
<u>RMA Medical Centers of Florida, LLC</u>	<u>Florida</u>	<u>Limited Liability Company</u>
<u>RMA Medical Center of Sunrise, LLC</u>	<u>Florida</u>	<u>Limited Liability Company</u>
<u>RMA Medical Group of Florida, LLC</u>	<u>Florida</u>	<u>Limited Liability Company</u>
<u>MCCI/Lifetime of Aventura, LLC</u>	<u>Florida</u>	

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>Conviva Medical Center Management, LLC</u>	<u>Delaware</u>	<u>Limited Liability Company</u>

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).

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:

August 1, 2020

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:
Conviva Medical Center Management, LLC
Continucare Medical Management, Inc

Signature(s):

Typed or Printed
Name of Individual:

RMA Medical Centers of Florida, LLC

RMA Medical Center of Sunrise, LLC

RMA Medical Group of Florida, LLC

MCCI/Lifetime of Aventura, LLC
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

Joseph M. Ruschell, Associate Vice
President, Assistant General
Counsel and Corporate Secretary

SIGNING ON BEHALF OF ALL ENTITIES

<u>Fees:</u>	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	<u>Certified Copy (optional):</u>	\$30.00