M06000006401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

01/26/21

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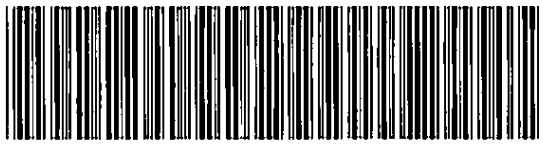

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FILED
2021 JAN -5 PM 2:10

2021 JAN 26 P 2:11

Merger

JAN 27 2021

D CONNELL

RESUBMIT
Please give original submission date as file date.

FILED
2021 JAN 25 PM 1:58

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2021

ATTN: AMANDA ROBINSON
CSC

SUBJECT: CONVIVA MEDICAL CENTER MANAGEMENT, LLC
Ref. Number: M06000006401

We have received your document for CONVIVA MEDICAL CENTER MANAGEMENT, LLC and the authorization to debit your account in the amount of $125.00. However, the document has not been filed and is being returned for the following:

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.

THE SURVIVING LLC IS LISTED IN THE MERGER AS A FLORIDA LLC AND IT IS A DELAWARE LLC AUTHORIZED TO TRANSACT BUSINESS IN FLORIDA. PLEASE CORRECT THE JURISDICTION TO READ: DELAWARE. SECTION FOURTH SHOULD NOT HAVE ANY BOXES CHECKED AS NONE OF THEM ARE APPLICABLE TO THE SURVIVING FOREIGN LLC.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 121A00000254

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

ACCOUNT NO. : I20000000195

REFERENCE : 594842 4352697

AUTHORIZATION :

COST LIMIT : $ 175.00

ORDER DATE : January 4, 2021

ORDER TIME : 11:11 AM

ORDER NO. : 594842-015

CUSTOMER NO: 4352697

ARTICLES OF MERGER

CAC FLORIDA MEDICAL CENTERS, 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

EXAMINER'S INITIALS: _____

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:

Humana Inc.
Contact Person

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

CR2E080 (2/20)

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:

Name	Jurisdiction	Form/Entity Type
CAC Florida Medical Centers, LLC	Florida	LLC L01-21980
RMA Island Doctors Orlando MSO, LLC	Florida	LLC L13-160844
RMA Medical Center of Orlando, LLC	Florida	LLC L13-149226
RMA Medical Center of South Orlando, LLC	Florida	LLC L13-149232

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

Name	Jurisdiction	Form/Entity Type
Conviva Medical Center Management, LLC	Delaware	LLC M06-6401

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).

FILED
2021 JAN 26 P 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

_____

_____

_____

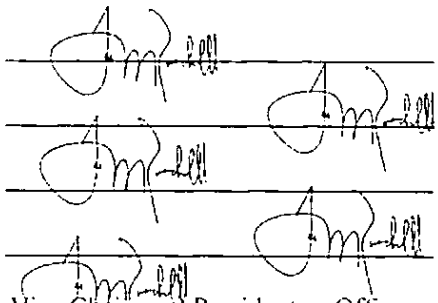
FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

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:

1/1/2021

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:	Signature(s):	Typed or Printed Name of Individual:
CAC Florida Medical Centers, LLC		Joseph M. Ruschell, on behalf of all entities
RMA Island Doctors Orlando MSO, LLC		
RMA Medical Center of Orlando, LLC		
RMA Medical Center of South Orlando, LLC		
Conviva Medical Center Management, LLC		

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