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JAN 27 2021 D COMMELL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 594842 4352697

AUTHORIZATION :

COST LIMIT : \$ 175.00

ORDER DATE : January 4, 2021

ORDER TIME : 11:09 AM

ORDER NO. : 594842-010

CUSTOMER NO: 4352697

ARTICLES OF MERGER

154TH STREET MEDICAL PLAZA, INC.

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:

- 1 1 - 1

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Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

3 January 7, 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 \$165.00. However, the document has not been filed and is being returned for the following:

As a condition of a merger, pursuant to 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 THE STATE OF 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 CHECK THE BOX LOCATED IN SECTION SEVENTH OF THE MERGER. THE FILING FEE IS \$35 PER ENTITY INVOLVED IN THE MERGER. THE TOTAL DUE TO FILE THE MERGER IS \$175.

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: 021A00000264

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Conviva Medical Center	Management, LLC
	Surviving Entity
The enclosed Articles of Merger and fee	are submitted for filing.
Please return all correspondence concern	ning this matter to following:
Humana Inc.	
Contact Person	
Firm/Company	
500 West Main Street	
Address	
Louisville, KY 40202 City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annua	al report notification)
For further information concerning this n	natter, please call:
Mehrya Nawabi Name of Contact Person	At (502) 580-3691 Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Plea	use 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

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

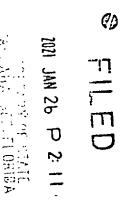
FIRST: The name and jurisdiction of the surviving entity:

<u>Name</u>	<u>Jurisdiction</u>	Entity Type	Document Number
			(If known/ applicable)
Conviva Medical Center Management, LLC	DE	LLC	M06000006401

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

Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)
154th Street Medical Plaza, Inc.	FL	Corp	P98000064677
54th Street Medical Plaza, Inc.	FL	Corp	S90075
Continucare Corporation	FL	Corp	J27769
CAC Medical Center Holdings, Inc.	FL_	Corp	P02000085643

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.



FOURTH: Please check one of the boxes that apply to surviving entity: This entity exists before the merger and is a domestic filing entity.

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. 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. **<u>FIFTH:</u>** Please check one of the boxes that apply to domestic corporations: 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.

SEVENTH: Please check box below if applicable to domestic or foreign non corporation(s).

Ø Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

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:

1/1/2021

<u>Note:</u> 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.

Name of Entity/Organization: 154th Street Medical Plaza, Inc. Signature(s):	1 5	Typed or Printed Name of Individual: Joseph M. Ruschell on behalf of all
54th Street Medical Plaza, Inc.	mili	entities
Continucare Corporation		
CAC Medical Center Holdings, Inc.	(Am) INI	
Conviva Medical Center Management, 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