m0800000969

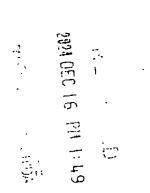
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600440799236

Iffective date 12-31-24



BARCIO MOITO

A. RAMSEY DEC. 17.2024

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:1	2/16/2024	- w: DW
		Acc#I20160000072	4: () - W
Name:	HOME HEAL	TH AGENCY - PHIL	ADELPHIA, LLC
Document #:			
Order #:	16042474		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:	<u> </u>	Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	50.00 Thank you!	

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: OMNI Home Health Services, LLC		
503/13011	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s)	are submitted for filing.	
Please return all correspondence concerning the	nis matter to:	
Meghan Huso-Higgins		
Contact Person		
UnitedHealth Group, Inc.		
Firm/Company		
1 Optum Circle		
Address		
Eden Prairie, MN 55344		
City, State and Zip Co	de	
meghan_huso-higgins@uhg.com		
E-mail address: (to be used for future a	unnual report notification)	
B. C. d. C.		
For further information concerning this matter		
Meghan Huso-Higgins	at (763) 361-9648 Area Code Daytime Telephone Number	
Name of Contact Person	Area Code Daytime Telephone Number	
× Certified copy (optional) \$30.00		
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

CR2E080 (2/20)

1	Articles of Merger For Florida Limited Liability Con	npany FILEU 2024 DEC 16 AM 10: 19
	•	MID: 19
		SOST DEC 19 WILL
The following Articles of Merger is submitted with s. 605.1025, Florida Statutes.	d to merge the following Floric	da Limited Liability Company (188) in accordance
FIRST: The exact name, form/entity type, a	and jurisdiction for each mergi	ng party are as follows:
Name	Jurisdiction	Form/Entity Type
Home Health Agency - Philadelphia, LLC	Florida	Limited liability company
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>survi</u>	ving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
OMNI Home Health Services, LLC	Delaware	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).

	FOURTH:	Please check one	of the boxes that a	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 recare 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 m liability partnership, its statem			liability limited partnership or a do	mestic limited	
	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:					
						
ss.605. SIXTI days a	1006 and 605.1061-605.1072, but the filter than the date of filing fter the date this document is file.	F.S. g, the delayed	d effective date of	the amount, to which members are of the merger, which cannot be prior to f State:		
	If the date inserted in this block	k does not me	et the applicable s	tatutory filing requirements, this da	te will not be listed	
as the	document's effective date on the	e Department	of State's records			
<u>SEVE</u>	NTH: Signature(s) for Each Po	arty:		Typed	or Printed	
Name	of Entity/Organization:		Signature(s):	Name	of Individual:	
Home	Health Agency - Philadelphia, LLC	C	72	Heather A. I	Lang. Assistant Secretary	
OMNI	Home Health Services, LLC		72_	Heather A.	Lang, Assistant Secretary	
					 	
Corpo	rations:	 Chairman	, Vice Chairman, I	President or Officer	 	
•				nature of incorporator.)		
	al partnerships:			er or authorized person		
	a Limited Partnerships: lorida Limited Partnerships:	Signatures of all general partners Signature of a general partner				
	d Liability Companies:		of an authorized p			
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporation:	\$35.00	
<u> </u>	For each Limited Partnership:		\$52.50	For each General Partnership:	\$25.00	
	For each Other Business Entit		\$25.00	Certified Copy (optional):	\$30.00	