M15000006916

(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

100318800561

FILED
2018 SEP 25 AM 6:39
SECRETARY OF STATE
TALLAHASSEE, FL

Merger

R. WHITE
SEP 26 2019

18 SEP 25 PM 3:38

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/25/2018

Acc#I20160000072

Name:	Brandon Surgi-Center, Ltd.
Document #:	
Order #:	11169334

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑

Plain: ☐

COGS: ☐

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ ~~135.00~~

157.50

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Area Surgicenter, 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:

Kimberly Griffin
Contact Person

Waller Lansden Dortch & Davis, LLP
Firm/Company

511 Union Street, Suite 2700
Address

Nashville, TN 37219
City, State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____)_____
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☑ Certified copy (optional) $52.50

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

FILED

2018 SEP 25 AM 6:39

SECRETARY OF STATE
TALLAHASSEE FL

Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

Name	Jurisdiction	Form/Entity Type
Bay Area Surgicenter, LLC	Delaware	limited liability company
Brandon Surgi-Center, Ltd.	Florida	limited partnership

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

Name	Jurisdiction	Form/Entity Type
Bay Area Surgicenter, LLC	Delaware	limited liability company

THIRD: The date the merger is effective under the governing laws of the surviving party is: October 1, 2018.

(**NOTE:** If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: One Park Plaza, Nashville, Tennessee 37203

Mailing address: One Park Plaza, Nashville, Tennessee 37203

SIXTH: Other provisions, if any, relating to the merger:

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Bay Area Surgicenter, LLC		John M. Franck II
Brandon Surgi-Center, Ltd.		John M. Franck II

Fees: Filing Fees: $52.50 Per Party
Certified Copy: $52.50 (Optional)
Certificate of Status: $8.75 (Optional)