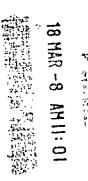
MROUD 1342

(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



700310112767





Mar 0 9 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
---------	-----	---	--------------

REFERENCE: 093099 4310

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE: March 2, 2018

ORDER TIME: 12:45 PM

ORDER NO. : 093099-010

CUSTOMER NO: 4310149

ARTICLES OF MERGER

FLORIDA SURGICAL MONITORING SERVICES, LLC

INTO

SURGICAL MONITORING SERVICES, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
	_ CERTII	FIED	СОРУ				
XX PLAIN		STAN	MPED COPY				

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Surgical Monitoring Services, LLC	
Jobs Ec	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) are	submitted for filing.
Please return all correspondence concerning this	matter to:
Kathleen Ellison	
Contact Person	
Wiggin and Dana LLP	
Firm/Company	
265 Church Street	
Address	
New Haven, CT 06510	
City, State and Zip Code	
kellison@wiggin.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, p	lease call:
Kathleen Ellison	at (203) 498-4431
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	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company



18 MAR -8 AH II: 08

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company (les) 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>	Form/Entity Type
Surgical Monitoring Services, LLC	Delaware	limited liability company
Florida Surgical Monitoring Services, LLC	Florida	limited liabiltiy company
SECOND: The exact name, form/entity typ	e, and jurisdiction of the sur	viving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Surgical Monitoring Services, LLC	Delaware	limited liability company

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).

FOUL	RTH: Please check one of the	boxes that app	ly to surviving e	ntity: (if applicable)		
	This entity exists before the arc attached.	merger and is a	domestic filing	entity, the amendment, if any to its pub	lic organic record	
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.					
0	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.					
•				of authority to transact business in this ess served pursuant to s. 605.0117 and		
					-	
	H: This entity agrees to pay an .1006 and 605.1061-605.1072,		appraisal rights	the amount, to which members are ent	itled under	
	H: If other than the date of fili fter the date this document is fi			the merger, which cannot be prior to not State:	oor more than 90	
	If the date inscrted in this bloc document's effective date on the			statutory filing requirements, this date v	will not be listed	
SEVE	NTH: Signature(s) for Each P	arty:				
Name	of Entity/Organization:	S	signature(s):	Typed or Printe Name of Individu		
	al Monitoring Services, LLC	(July D	DAN TEFFERENT	- Cacau	
Florida	Surgical Monitoring Services, Ll	LC	Duxo	My JEHrey-	r. Geay	
		<u> </u>	VW()		J	
Согрог	rations:		•	President or Officer		
Genera	al partnerships:			nature of incorporator.)		
	a Limited Partnerships:		i a generai parini of all general par	er or authorized person tners		
	on-Florida Limited Partnerships: Signature of a general partner					
	d Liability Companies:		f an authorized p			
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:	\$35.00	
	For each Limited Partnership		\$52.50	For each General Partnership:	\$25.00	
	For each Other Business Enti	tv:	\$25.00	Certified Copy (optional):	\$30.00	