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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

200003145592--4
-02/24/00--01009--005
*****25.00 *****25.00

CORPORATION(S) NAME

Chuck Meyer

Spanish Health Company, L.L.C.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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THANKS !

CONNIE BRYAN

FF \$25.00

CT Corporation System - Fulfillment Request Form

FEB 23 RECD

To: TALLAHASSEE From: Chuck Meyer
 Date: 2/22/00 Office: New York Team #: Team 7
 Order #: 2084465 Telephone #: 212.894.8700 Fax #: 212.894.8790

Target: _____ Domestic State: _____
 1 SPANISH HEALTH COMPANY, L.L.C. DE
 2 _____
 3 _____

Please File:

CERTIFICATE RE: MERGER PURSUANT TO SECTION
608.512(7)

☒ Check attached in amount of \$ 25.00 ☐ 24-hour
☐ Advance fees ☐ Expedite with required fee ☐ SAME DAY

Please obtain: ☐ Short form
 _____ Good Standing/Existence/Authorization: _____ with Tax ☐ Long form
 _____ Certified copies of: _____
 _____ Other: _____

Additional Instructions:

**THIS FILING MUST BE SUBMITTED TO BRENDA
 TADLOCK AT THE SOS**

Delivery Instructions:

Send to: ☒ Return to me ☐ Customer/Counsel ☐ Other (see above)
 Via: ☐ Pouch ☐ Hand Delivery
☒ Regular Mail ☐ FedEx # _____ ☐ Fax

Customer/Counsel:

Counsel: _____
 Firm: _____
 Address: _____

 Telephone #: _____
 Fax #: _____

Processing Information:

Log #: _____ Entered by: _____
 Date Received: _____
 Date Returned: _____
 Disbursement \$ _____ Check #: _____
 Disbursement \$ _____ Check #: _____
 FedEx Charge \$ _____ Tracking #: _____
 Fax Charge _____ Other: _____

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER, WHICH MERGES:


"SPANISH HEALTH COMPANY, L.L.C.", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "SALUD.COM, INC." UNDER THE NAME OF "SALUD.COM, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE FOURTEENTH DAY OF JANUARY, A.D. 2000, AT 1 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 23 AM 9:58




Edward J. Freel, Secretary of State

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AUTHENTICATION: 0265953

001082735

DATE: 02-18-00