

P02000122742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

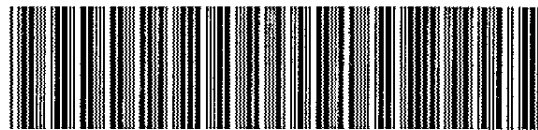
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700013331067

03/06/03--01044--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAR -6 PM 4:18

Menger

03/13/03

PC

ARTICLES OF MERGER
Merger Sheet

MERGING:

GULFSIDE CHIROPRACTIC P.A., a Florida corporation, P02000019092

INTO

FLORIDA HOME CARE P.A., a Florida entity, P02000122742

File date: March 6, 2003

Corporate Specialist: Darlene Connell

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Home Care P.A.

(Name of surviving corporation)

The enclosed merger and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. May

(Name of person)

Florida Home Care P.A.

(Name of firm/company)

2810 Bayshore Blvd

(Address)

Dunedin, FL 34608

(City/state and zip code)

For further information concerning this matter, please call:

Christopher A. May

(Name of person)

at (727) 734-5630

(Area code & daytime telephone number)

☒ Certified copy (optional) \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50; please 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
409 E. Gaines St.
Tallahassee, FL 32399

ARTICLES OF MERGER
(Profit Corporations)

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

First: The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Florida Home Care P.A.	Pinellas County Florida	P02000122742

Second: The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Gulfside Chiropractic P.A.	Pinellas County Florida	P02000019092
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAR + 6 PM 4:11 8

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

OR _____ / _____ / _____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days in the future.)

Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the surviving corporation on 02/28/2003.

The Plan of Merger was adopted by the board of directors of the surviving corporation on _____ and shareholder approval was not required.

Sixth: Adoption of Merger by merging corporation(s) (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the merging corporation(s) on 02/28/2003.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____ and shareholder approval was not required.

(Attach additional sheets if necessary)

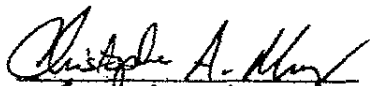
Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature

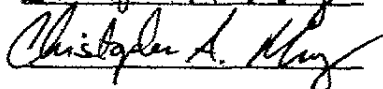
Typed or Printed Name of Individual & Title

Florida Home Care P.A.



Christopher A. May President

Gulfside Chiropractic P.A.



Christopher A. May President

PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, F.S. and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the **surviving** corporation:

<u>Name</u>	<u>Jurisdiction</u>
Florida Home Care P.A.	Pinellas County Florida

Second: The name and jurisdiction of each **merging** corporation:

<u>Name</u>	<u>Jurisdiction</u>
Gulfside Chiropractic P.A.	Pinellas County Florida

Third: The terms and conditions of the merger are as follows:

Both corporations are 100% owned by Christopher May. No special terms or conditions are necessary.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

Christopher May owns 100% of shares of both companies. 1000 total shares after the merger owned by Mr. May.

(Attach additional sheets if necessary)

THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached as an exhibit:

OR

Restated articles are attached:

Other provisions relating to the merger are as follows:

Christopher A. May is the 100% owner of both corporations. No additional provisions are necessary.