

PC 7000058110

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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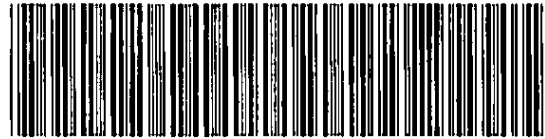
(Business Entity Name)

(Document Number)

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*Merger*  
R. WHITE  
DEC 18 2017

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STATE OF CALIFORNIA  
TALLMANSVILLE

711000

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Albert Canas MD & Associates PA  
\_\_\_\_\_  
Name of Surviving Corporation

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Stewart Stein  
\_\_\_\_\_  
Contact Person

Albert Canas MD & Associates  
\_\_\_\_\_  
Firm/Company

1680 Michigan Ave 912  
\_\_\_\_\_  
Address

Miami Beach, FL 33139  
\_\_\_\_\_  
City/State and Zip Code

sstein@albertcanasmd.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stewart Stein At ( 786 ) 438-2032  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF MERGER**  
**(Profit Corporations)**

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

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Albert Canas MD & Associates PA	Florida	P07000058110

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
Albert Canas MD PA	Florida	P98000044007

**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 after merger file date.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 June 30, 2017.

The Plan of Merger was adopted by the board of directors of the surviving corporation on June 30, 2017 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 June 30, 2017.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on June 30, 2017 and shareholder approval was not required.

*(Attach additional sheets if necessary)*

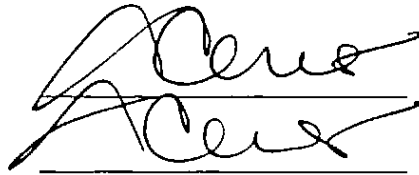
Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature of an Officer or  
Director

Typed or Printed Name of Individual & Title

Albert Canas MD & Associates

Handwritten signature of Albert Canas in black ink, consisting of a stylized 'A' followed by 'Canas'.

Albert Canas, President

Albert Canas MD PA

Albert Canas, President

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**PLAN OF MERGER**  
**(Non Subsidiaries)**

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, 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>
Albert Canas MD & Associates PA	Florida

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

<u>Name</u>	<u>Jurisdiction</u>
Albert Canas MD PA	Florida
_____	_____
_____	_____
_____	_____
_____	_____

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

The Board of Directors of Albert Canas MD & Associates PA has adopted a resolution approving this Plan of Merger, and the Plan of Merger was approved by the Shareholders.  
The Board of Directors of Albert Canas MD PA has adopted a resolution approving this Plan of Merger, and the Plan of Merger was approved by the Shareholders.  
Albert Canas MD PA shall merge into Albert Canas MD & Associates PA, and cease to exist.  
Title to all property owned by Albert Canas MD PA shall vest in Albert Canas MD & Associations PA.  
Any claim or action against Alvert Canas MD PA continues against Albert Canas MD & Associates PA.  
Creditors of Albert Canas MD PA shall become creditors of Albert Canas MD & Associates PA.  
All shares of Albert Canas MD PA are now shares of Albert Canas MD & Association PA.

**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:

*(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:

None.

**OR**

Restated articles are attached:

Other provisions relating to the merger are as follows:

None.