

P15000057722

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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04/09/20--01026--006 **35.00

04/27/20--01031--013 **10.00

SECRETARY OF STATE
CLERK AHA SSI 6:11 PM

2020 APR 27 AM 8:50

APR 28 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians Trust, Inc.

Name of Surviving Entity

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

Please return all correspondence concerning this matter to following:

Faye Woods

Contact Person

Physicians Trust, Inc.

Firm/Company

76 S. Laura St, Ste 900

Address

Jacksonville, FL 32202

City/State and Zip Code

fwoods@medmaldirect.com

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

For further information concerning this matter, please call:

Faye Woods

Name of Contact Person

At (904) 482-4068

Area Code & Daytime Telephone Number

☐ Certified copy (optional) \$8.75 (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF MERGER

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 entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (if known, applicable)
Physicians Trust, Inc.	Florida	Corp	P15000057722

SECOND: The name and jurisdiction of each merging eligible entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (if known, applicable)
MedMal Direct Insurance Group	Florida	LLC	1.07000121896

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 FALL ASSIST
 FALL

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(f)(b), F.S., and by the organic law governing the other parties to the merger.

FOURTH: Please check one of the boxes that apply to surviving entity:

- ☒ This entity exists before the merger and is a domestic filing entity.
- ☐ This entity exists before the merger and is not authorized to transact business in Florida.
- ☐ This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
- ☐ This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
- ☐ This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
- ☐ This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
- ☐ This entity is created by the merger and is a domestic limited liability partnership or a domestic limited liability partnership, its statement of qualification is attached.

FIFTH: Please check one of the boxes that apply to domestic corporations:

- ☒ The plan of merger was approved by the shareholders and each separate voting group as required.
- ☐ The plan of merger did not require approval by the shareholders.

SIXTH: Please check box below if applicable to foreign corporations

- ☐ The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.

SEVENTH: Please check box below if applicable to domestic or foreign non corporation(s).

- ☐ Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

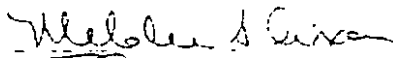

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TALLAHASSEE, FLORIDA

FIFTH: The date of filing of this document shall be the date of filing of the document with the Department of State, and the date of filing of this document shall be the date of filing of the document with the Department of State.

Date of Filing _____

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

SIXTH: Signatories for Each Party

Name of Entity/ Organization	Signatories	Typed or Printed Name of Individual
Physicians Trust, Inc.		Melodee S. Dixon
MedMall Direct Insurance Group		E. Butler Ball
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Corporations	Chairman, Vice Chairman, President or Officer All directors elected: signature of one or more of
General partnerships	Signature of a general partner or authorized person
Florida Limited Partnerships	Signatures of all general partners
Non-Florida Limited Partnerships	Signature of a general partner
Limited Liability Companies	Signature of an authorized person

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TALLAHASSEE, FLORIDA