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(((H24000398503 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BACHMAN LEGAL, LLC.

Account Number : I20180000022 Phone : (813)200-6114

Fax Number : (813)402-0556

Pursuant to Call wi**顕** ¿ Department on 12/17-5 resubmitting. Effective

Date should be 12-3-2024.

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. >

Email Address: Elizabeth. Haughton@inhealthmd.com

MERGER OR SHARE EXCHANGE

INH Buyer, Inc.

Certificate of Status	()
Certified Copy	0
Page Count	05
Estimated Charge	\$70,00

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Help

COVER LETTER

TO:	Amendment Section Division of Corporations		
SHRI	DECT: INH BUYER, INC.		
.,,,,,,	Name of Surviving	Entity	
The e	nclosed Articles of Merger and fee are subn	nitted for filing	<u>2</u> .
Please	e return all correspondence concerning this	matter to follo	wing:
Eliza	beth Haughton		
	Contact Person		
InHe	alth MD Alliance Acquisition, LLC		
	Firm/Company		
6675	Westwood Boulevard, Suite 475		
	Address		
Orlan	ndo, FL 32821		
	City/State and Zip Code		
Elizal	beth.Haughton@inhealthmd.com		
E	-mail address: (to be used for future annual report no	otification)	
For fu	irther information concerning this matter, pl	lease call:	
Eliza	beth Haughton	909 At (260-2231
_	Name of Contact Person		Area Code & Daytime Telephone Number
	Certified copy (optional) \$8.75 (Please send a	n additional cop	y of your document if a certified copy is requested)
	Mailing Address:		eet Address:
	Amendment Section		endment Section ision of Corporations
	Division of Corporations P.O. Box 6327		: Centre of Tallahassee
	Tallahassee, FL 32314		5 N. Monroe Street, Suite 810
	THE PARTY OF THE P		labassee, FL 32303

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

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>	Jurisdiction	Entity Type	Document Number (If known/applicable)
INH Buyer. Inc.	Delaware	Corp	F19000001785
SECOND: The name and jurisdiction of e	each <u>merging</u> eligible	entity:	
Name	Jurisdiction	Entity Type	Document Number (If known/applicable)
PT InHealth, Inc.	Florida	Corp	P16000000378
	9000		

<u>THIRD:</u> The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b). F.S., and by the organic law governing the other parties to the merger.

2024 DEC -3 AM 8: 14

<u>FOUR</u>	TH: 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 limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
FIFTH	2 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.
Ø	The plan of merger did not require approval by the shareholders.
<u>SIXTH</u>	Please check box below if applicable to foreign corporations
Z	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
SEVEN	NTH: 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.

	k does not meet the applicable statutory filing requires on the Department of State's records.	rements, this date will not be
NINTH: Signature(s) for Each Party Name of Entity/Organization: PT InHealth, Inc.	· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name of Individual Elizabeth Haughton
	· · · · · · · · · · · · · · · · · · ·	
Corporations: General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Chairman, Vice Chairman, President or Officer Af no directors selected, signature of incorporate Signature of a general partner or authorized pers Signatures of all general partners Signature of a general partner Signature of an authorized person	