## 20000074712

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Merger WILED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/08/2021	
	Jennifer Bialowas	<u></u>
	1311713	<u> </u>
		ROLOGY OF FLORIDA PA
☐ Articl	les of Incorporation/Authorization	n to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
Rein	statement	Hease keep or gina
Conv	version	Please keep original submission date 1/5/2021
✓ Merg	ger	1/0/20=:
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	rUpon filing pl	ease provide a certified copy
Authorized /	Amount: <b>78.75</b>	
Signature: _	Jun	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01	/08/2021	
	Jennifer Bialowas	
Reference #:	1311713	
	PATRONUS NEURO	LOGY OF FLORIDA PA
Articles of	of Incorporation/Authorization to	Transact Business
Amendm	ent	
☐ Change	of Agent	
Reinstate	ement	Dlease Keep orsing
Conversi	on	Dlease Keep original submission date 1/5/2021.
✓ Merger		1/5/2021.
☐ Dissoluti	on/Withdrawal	
Fictitious	Name	
Other	Upon filing pleas	e provide a certified copy
Authorized Amo	ount: 78.75	<u> </u>
Signature:	Chn_	

F: +852.2682.9790



January 6, 2021

COGENCYGLOBAL

SUBJECT: PATRONUS NEUROLOGY OF FLORIDA PA

Ref. Number: P20000074712

We have received your document for PATRONUS NEUROLOGY OF FLORIDA PA and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

As a condition of a merger, pursuant to s.607.1622(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00000254

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

Division of the property of th

## **COVER LETTER**

TO: Amendment Section Division of Corporations
PATRONUS NEUROLOGY OF FLORIDA PA
SUBJECT: Name of Surviving Entity
The enclosed Articles of Merger and fee are submitted for filing.
Please return all correspondence concerning this matter to following:
Rebecca S. Heath
Contact Person
Hirschler Fleischer, P.C.
Firm/Company
P.O. Box 500
Address
Richmond, VA 23218
City/State and Zip Code
bheath@hirschlerlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca S. Heath  At (804) 771-5618  Area Code & Daytime Telephone Number
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)
Mailing Address: Street Address:
Amendment Section Amendment Section

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.

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

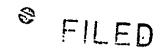
2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



## **ARTICLES OF MERGER**

2021 JAN -5 P 4: 44

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

Name	Jurisdiction	Entity Type	Document Number
PATRONUS NEUROLOGY OF FLORIDA PA	FL	PA	(It'known/applicable) P20000074712
SECOND: The name and jurisdiction of each	merging eligible	entity:	
Nama	Inviediation	Carley Trans	
<u>Name</u>	Jurisdiction	Entity Type	
PATRONUS OHIO PHYSICIANS GROUP, INC.	OH	Corporation	Document Number (If known/ applicable)
		·•	Document Number (If known/ applicable)
		·•	
		·•	

THIRD: 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.

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 limited 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.

Note: If the date inserted in this block listed as the document's effective date.	k does not meet the applicable statutory filing requirement on the Department of State's records.	ents, this date will not b
NINTH: Signature(s) for Each Party		Typed or Printer
Name of Entity/Organization:	Signature(3):	Name of Individua
PATRONUS NEUROLOGY OF FLO	ORIDA PA	Leonard DaSilva, Pres
PATRONUS OHIO PHYSICIANS GR	OUP, INC.	Leonard DaSilva, Pres
<del></del>		-
	Chairman President or Officer	
Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)	)
General partnerships:	(If no directors selected, signature of incorporator, Signature of a general partner or authorized person	)
•	<ul> <li>If no directors selected, signature of incorporator.</li> </ul>	)

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