P95000070281

(Re	questor's Name)			
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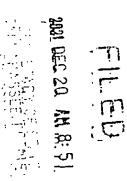
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1-1-22 Merses

03/01/22--01009--001 ++35.00



A. RAMSEY

A. RAMSEY



RECEIVED

2022 MAR - I AM 7:50

SECRETAIN OF STATE
TALLAHASSEE, FL

January 20, 2022

DIPA SHAH, ESQ. COAST DENTAL 5706 BENJAMIN CENTER DRIVE, SUITE 103 TAMPA, FL 33634 US

SUBJECT: COAST DENTAL, P.A. Ref. Number: P98000020820

We have received your document for COAST DENTAL, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

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) 245-6823.

Letter Number: 722A00001545

Annette Ramsey OPS

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COVER LETTER

ity
ted for filing.
ntter to following:
<u>1</u>
fication)
ise call:
At (813) 288-6275
Area Code & Daytime Telephone Number
additional copy of your document if a certified copy is requested)
Street Address:
Amendment Section
Division of Corporations The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, 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.

1-1-22

FIRST: The name and jurisdiction of the surviving entity:

ARTICLES OF MERGER

FILED 2021 DEC 20 AM 8: 5

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

Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)
Coast Florida, P.A.	FL	PA	P95000070281
SECOND: The name and jurisdiction of	each <u>merging</u> eligible	entity:	
Nama	Jurisdiction	Entity Type	Document Number
Name	 .		(If known/applicable)
Coast Dental, P.A.	FL	<u>PA</u>	P98: 000020820
			

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.

FOUR	TTH: Please check one of the boxes that apply to surviving entity:
Ø	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.
<u>FIFTI</u>	H: Please check one of the boxes that apply to domestic corporations:
中	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.
SIXT	H: 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.
SEVE	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.

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EIGHTH: If other than the date of fi	iling the de	laved effective date	· of the merger.	which o	cannot be prior to nor mor
than 90 days after the date this docum					, , , , , , , , , , , , , , , , , , ,
January 1, 202	2				
r			···		
Note: If the date inserted in this bloc				require	ments, this date will not be
listed as the document's effective date	e on the Dep	pariment of State's re	ecords.		
NUMBER OF A CASE FOR LINE					
NINTH: Signature(s) for Each Party	:				Typed or Printed
Name of Entity/Organization:		Signature(s):		_	Name of Individua
Coast Florida, P.A.	•	G	 س	\geq	Adam Diast
Coast Dental, P.A.					Adam Diast
) ——	
		 			
	OL '	T. C		-,-	
Corporations:		in, Vice Chairman, P rectors selected, sign			;)
General partnerships:	(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person				
Florida Limited Partnerships:	Signatures of all general partners				
Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general partner Signature of an authorized person				

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