Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000097245 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 : (727)442-1200

Fax Number : (727)443-5829

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

Email Address:

MERGER OR SHARE EXCHANGE SUNCOAST HEART CLINIC, P.A.

Certificate of Status Certified Copy a 07 Page Count \$60:00 Estimated Charge \$ 70.00 EFFECTIVE DATE



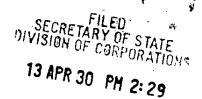
Electronic Filing Menu

Corporate Filing Menu

Help

APR 3 0 2013

4/30/2013



Audit Fax# H130000972453

Articles of Merger
For
Florida Profit or Non-Profit Corporation

EFFECTIVE DATE

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109 or 617.0302, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type
AMARAFT LLC	Florida	limited liability company
V		
SECOND: The exact name, for as follows:	orm/entity type, and jurisdic	ction of the <u>surviving</u> party are
<u>Name</u>	Jurisdiction	Form/Entity Type
SUNCOAST HEART CLINIC	PA Florida	corporation

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH is a party t jurisdictio	to the merg	ger in a	iccord	lance w	ith the ap	plicable	alaws of	the state,	, country	or
prior to no		n 90 d	ays a	fter the	date this					not be
Departmen	nt of State:	05	loi	laou?	3					
SIXTH: Florida, th as follows	e survivor	ving p 's prin	arty i cipal	s not for office a	rmed, org ddress in	ganized its hom	or incorp ne state, c	orated ui ountry of	nder the l r jurisdic	aws of tion is
 					· · · · · · · · · · · · · · · · · · ·					

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each

SEVENTH: If the surviving party is an out-of-state entity, the surviving entity:

domestic corporation that is party to the merger.

b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

H130000972453

Name of Entity/Organization: AMARAFT LLC	Signature(s):	Typed or Primed Name of Individual: AKSHAY D. DESA
SUNCOAST HEART CLINIC, P.A		
Corporations:	Chairman, Vice Chairman	a. Book islant on CVII on
• • • • • • • • • • • • • • • • • • • •		
General Parmerships:	Alf no directors selected, . Signature of a general par	xignature of incorporator, runer or authorized person
General Parmerships: Florida Limited Partnerships: Non-Florida Limited Partnerships:	Affino directors selected, Signature of a general par Signatures of all general par Signature of a general par	signature of incorporator, riner or authorized person partners riner
General Parincrships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Affino directors selected, Signature of a general par Signatures of all general par Signature of a general par	signature of incorporator, riner or authorized person partners riner r authorized representative
General Parmerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Fees:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a member of	signature of incorporator, riner or authorized person partners riner r authorized representative
General Partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Fees:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a general par Signature of a member of \$35,00 Per	signature of incorporator, riner or authorized person partners riner r authorized representative
General Partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Fees:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a general par Signature of a member of \$35,00 Per	signature of incorporator, riner or authorized person partners riner r authorized representative
General Parmerships: Florida Limited Partnerships:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a general par Signature of a member of \$35,00 Per	signature of incorporator, riner or authorized person partners riner r authorized representative
General Parmerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Fees:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a general par Signature of a member of \$35,00 Per	signature of incorporator, riner or authorized person partners riner r authorized representative
General Parmerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Fees:	Iff no directors selected, Signature of a general par Signatures of all general par Signature of a general par Signature of a member of \$35,00 Per	signature of incorporation riner or authorized person partners riner r authorized representative

PLAN OF MERGER

FIRST: The exact name, form/ofollows:	entity type, and jurisdiction	for each merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
AMARAFT LLC	Florida	limited liability company
SECOND: The exact name, for as follows:		
Name	Jurisdiction	Form/Entity Type
SUNCOAST HEART CLINIC,	P.A. Florida	corporation
The constituent entities shall be merged with	and into the Surv	viving Entity, and the
Surviving Entity shall	be a single entity.	The Surviving Entity
shall be the entity of	ontinuing after th	ne merger, and the
separate existence of	the Merging Enti	ty shall cease on the
effective date of thi	s Agreement.	
(Attac	h additional sheet if neces	sary)

FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into each or other property is as follows:
Since the Merging Entity is owned 100% by the Surviving Entity,
no additional certificates need to be issued. The certificates
representing the ownership interests of the Merging Entity
shall be surrendered and cancelled on the effective date
of this Agreement. The ownership interests of the Surviving
Entity shall be unaffected by the merger and shall continue
to constitute all of the ownership interests in the Surviving Entity.
(Attach additional sheet if necessary)
B. The manner and basis of converting the <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into the <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into each or other property is as follows:
See "A" above.
<u></u>
(Attach additional sheet if necessary)

artner is as follow	•
	,
	4000 400 400

	(Attach additional sheet if necessury)
	(Attoch dualitorial sheet if necessary)
XTH: If a limite th manager or m	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite th manager or m	ed liability company is the survivor, the name and business address canaging member is as follows:
XTH: If a limite th manager or m	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite th manager or m.	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite th manager or m	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite the manager or m	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite	ed liability company is the survivor, the name and business address of anaging member is as follows:
XTH: If a limite ch manager or m	ed liability company is the survivor, the name and business address of anaging member is as follows:
IXTH: If a limite	ed liability company is the survivor, the name and business address anaging member is as follows:
XTH: If a limite	ed liability company is the survivor, the name and business address anaging member is as follows:

	tity is formed, organized, or incorporated are as follows:
~~~~	
	(Attach additional sheet if necessary)
<u>ITH:</u>	Other provision, if any, relating to the merger are as follows: