P99000063755

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D	te: 06/24/2022	
	Acc#I20160000072	
Name:	Brian E. Hass, M.D., P.A.	
Document #:		
Order #:	14411394	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	☐ 4:Merger 2.Name Change 3.Fictitious Nan	ne
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Brian E. Hass, M.D., F	P.A.
Name of Surviving Entity	
The enclosed Articles of Merger and fee are submitted	for filing.
Please return all correspondence concerning this matte	r to following:
Barbara Larson	
Contact Person	
McGuireWoods LLP	
Firm/Company	
500 East Pratt Street, Suite 10	000
Address	
Baltimore, Maryland 21202	
City/State and Zip Code	
blarson@mcguirewoods.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please	call:
Barbara Larson	At (410) 659-4531
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an addi	tional copy of your document if a certified copy is requested)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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.

ARTICLES OF MERGER

FILED

The following articles of merger are submitted in accordance with the Florida Business Corporation Agricultures.

FIRST: The name and jurisdiction of the surv	iving entity:		
Name Brian E. Hass, M.D., P.A.	Jurisdiction Florida	Entity Type CORPORATION	Document Number (If known/applicable) P99000063755
SECOND: The name and jurisdiction of each Name	merging eligible Jurisdiction	entity: Entity Type	Document Number
Andrea N. Hass, M.D., P.A.	Florida	CORPORATON	(It known/ applicable) P99000065169

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.

<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
团	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.
Ü	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.
Q	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.
0	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.
FIFTE	E: Please check one of the boxes that apply to domestic corporations:
7	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.
SIXTE	E: 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.

EIGHTH:	If other than t	he date of filing.	the delayed eff	ective date of	the merger,	which cannot b	e prior to nor m	iore
than 90 day	s after the date	this document is	filed by the FI	orida Departu	nent of State	:		

June 24, 2022

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

NINTH: Signature(s) for Each Party: Name of Entity/Organization: Andrea N. Hass, M.D., P.A.	Signature(s)	Typed or Printed Name of Individual: Andrea N. Hass, M.D.
Brian E. Hass, M.D., P.A.		Brian E. Hass, M.D.

Corporations:

General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners

Signature of a general partner Signature of an authorized person