

P19000032520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

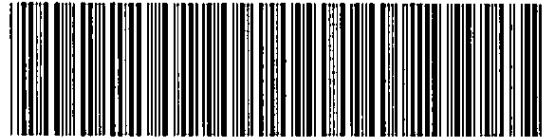
(Business Entity Name)

(Document Number)

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R. WHITE
MAY 08 2013

FILED
2019 APR 25 PM 2:17
MAY 08 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HMS HEALTHCARE MANAGEMENT SOLUTIONS, INC.
Name of Surviving Corporation

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

JOHN J. PALMERI

Contact Person

JOHN J. PALMERI, ATTORNEY AT LAW, LLC

Firm/Company

515 HIGHLAND AVENUE, P.O. BOX 297

Address

CHESHIRE, CT 06410

City/State and Zip Code

DONNAGALLUZZO17@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN J. PALMERI

Name of Contact Person

At (203)

699-9132

Area Code & Daytime Telephone Number

Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2019 APR 25 PM 2:17
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

ARTICLES OF MERGER
(Profit Corporations)

The following articles of merger are submitted in accordance with the Flor. pursuant to section 607.1105, Florida Statutes.

First: The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
HMS Healthcare Management Solutions, Inc.	FLORIDA	

Second: The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
HMS Healthcare Management Solutions, Inc.	FLORIDA	P19000032520
HMS Healthcare Management Solutions, Inc.	CONNECTICUT	0297143

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

OR ____/____/____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date.)

Note: 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.

Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the surviving corporation on 4/19/19.

The Plan of Merger was adopted by the board of directors of the surviving corporation on _____ and shareholder approval was not required.

Sixth: Adoption of Merger by merging corporation(s) (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the merging corporation(s) on 4/19/19.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____ and shareholder approval was not required.

(Attach additional sheets if necessary)

Seventh: SIGNATURES FOR EACH CORPORATION

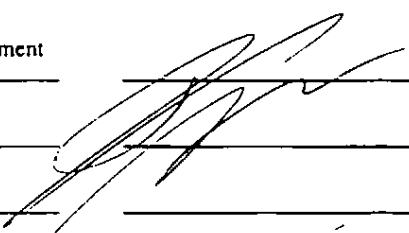
Name of Corporation

Signature of an Officer or
Director

Typed or Printed Name of Individual & Title

HMS Healthcare Management

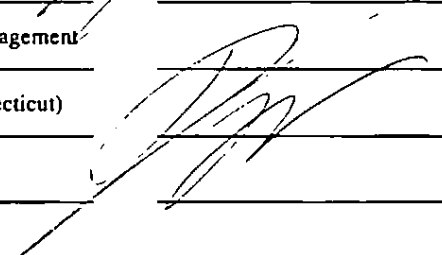
Solutions, Inc. (Florida)



Donna Galluzzo, President

HMS Healthcare Management

Solutions, Inc. (Connecticut)



Donna Galluzzo, President

PLAN OF MERGER
(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the **surviving** corporation:

<u>Name</u>	<u>Jurisdiction</u>
HMS Healthcare Management Solutions, Inc.	Florida

Second: The name and jurisdiction of each **merging** corporation:

<u>Name</u>	<u>Jurisdiction</u>
HMS Healthcare Management Solutions, Inc.	Florida
HMS Healthcare Management Solutions, Inc.	Connecticut
_____	_____
_____	_____
_____	_____

Third: The terms and conditions of the merger are as follows:

Upon the merger of the corporations HMS Healthcare Management Solutions, Inc. (Florida) will issue one share of its stock in exchange for each one share of stock of HMS Healthcare Management Solutions, Inc. (Connecticut) to each stockholder of record of HMS Healthcare Management Solutions, Inc. (Connecticut) on the effective date of the Merger.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

(Attach additional sheets if necessary)

THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached:
N/A

OR

Restated articles are attached:

Other provisions relating to the merger are as follows: