

State of North Carolina
Department of the Secretary of State

**ARTICLES OF MERGER
NONPROFIT CORPORATION/HOSPITAL AUTHORITY**

Pursuant to §55A-11-10 of the General Statutes of North Carolina, the undersigned corporation/Hospital Authority does hereby submit the following Articles of Merger as the surviving corporation in a merger between a domestic Hospital Authority and another Hospital Authority or a charitable or religious nonprofit corporation.

1. The name of the surviving corporation/Hospital Authority is _____,
a corporation/Hospital Authority organized under the laws of _____*, North Carolina; the name of the merged Hospital Authority is:
_____, a Hospital Authority organized under the laws of _____,* North Carolina. (*provide the name of the city and county that the Hospital Authority is formed in)

2. Attached is a copy of the Plan of Merger that was duly approved in the manner prescribed by law for each of the corporations/Hospital Authorities participating in the merger.

** (Complete item 3 if the surviving entity is a charitable or religious corporation, complete item 4 if the surviving entity is a county Hospital Authority)

3. With respect to the surviving charitable or religious corporation (*check either a, b, and/or c, as applicable*):

A plan of merger was approved by the city and by a majority of the members of the board of commissioner of the city Hospital Authority.

a. _____ The surviving corporation is not authorized to transact business in North Carolina. The mailing address of the corporation is:
Number/Street: _____ City: _____ State: _____ Zip: _____.
Any subsequent changes to this address will be filed with the NC Secretary of State's Office.

b. _____ The surviving corporation is a domestic corporation, any amendments to the Articles of Incorporation are provided in the Plan of Merger.

c. _____ The plan of merger has been approved by each merging corporation in the manner required by law.

4. With respect to the surviving County Hospital Authority, please check the following:

_____ A plan of merger was approved by the city and the county, and a majority of each of the boards of commissioners of the Hospital Authorities.

5. These articles will be effective upon filing, unless a delayed date and/or time is specified: _____.

This is the _____ day of _____, 20_____.

Name of Corporation

Signature

Type or Print Name and Title

Notes:

1. Filing fee is \$25. This document must be filed with the Secretary of State.
2. Certificate(s) of Merger must be registered pursuant to the requirements of N.C.G.S. Section 47-18.1.