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| PICK-UP | ☐ WAIT | MAIL | |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Division of | n Section Corporations | | | | | | |
|-------------------------------------|--|----------|-------------------------------|--------|---|-------------|--------|
| SUBJECT:(Name of | OSCFOLA IMAC | TNG C | ENTER, I | .TD. | imited Partnership) | | |
| The enclosed Certi | ficate of Dissolution a | nd fee(| s) are subr | nitte | ed for filing. | | |
| Please return all co | rrespondence concern | ing this | matter to | · · | | | |
| ALAN S. ZA | ANGEN, ESQ. | | | _ | | | |
| | (Contact Person) | | • | _ | | | |
| ALAN S. ZA | NGEN, P.A. (Firm/Company) | | | | | | |
| 1200 Corpo | orate Center Way, | #201 | | | | | |
| | (Address) | | | _ | | | |
| Wellington | n, Florida 33414 | | | | | | |
| Weilington | (City, State and Zip Code | \ \ | | _ | | PSE III | |
| | (,, | , | | | | CRET | 1 |
| For further informa | tion concerning this n | atter, p | olease call: | | | 26 ARY | |
| Alan S. Zar | ngen, Esq. | at (| 561 |) | 793-2400 | EF 구 | |
| (Name of Cor | ntact Person) | | | e and | Daytime Telephone Nur | mber) (5 | , , |
| Enclosed is a check | for the following amo | ount: | | | | PH 12: 45 | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | | 105.00 Filing Certified Co | | \$113.75 Filing For Certified Copy, and Certificate of Status | | |
| STREET ADDRE | SS: | | MAII | .IN(| G ADDRESS: | | |
| Registration Section | | | _ | | on Section | | |
| Division of Corpora | ations | | | | f Corporations | | |
| Clifton Building 2661 Executive Cer | nter Circle | | P. O. I | | 6327 e, FL 32314 | | |
| Tallahassee, FL 32 | | | i aiiali | assc | G, FL 32314 | | |

CERTIFICATE OF DISSOLUTION FOR

| OSCEOLA IMAGING CENTER, LTD. | | | | | | | | |
|--|-----------|--|--|--|--|--|--|--|
| (Name of Florida Limited Partnership or Limited Liability Limited Partnership) | | | | | | | | |
| Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 22, 1994, hereby submits this Certificate of Dissolution. | | | | | | | | |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) | | | | | | | | |
| Discontinuing business | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SECOND: X A Notice of Dissolution is attached. (Check box if attached.) | | | | | | | | |
| THIRD: Effective date, if other than the date of filing: | 200 | | | | | | | |
| (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) | | | | | | | | |
| | PH 12: +5 | | | | | | | |
| Filing Fee: \$52.50 | | | | | | | | |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | | | | | | | | |

Ву:

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

| Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: | | |
|---|-------------|-------------|
| OSCEOLA IMAGING CENTER, LTD. | · | |
| Description of information that must be included in a claim: | | |
| 1. Claimant,s name and address | | |
| 2. Amount of the claim | | |
| | | |
| | SEC | 7007 |
| Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) | RETARY O | 2007 HAR 26 |
| 12798 W. Forest Hill Boulevard | <u> </u> | N K |
| Suite 301 A | ORID | PM 12: 46 |
| Wellington, Florida 33414 | .1- | |
| | | |
| A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced 4 years after the filing of the notice. | within | |
| Signature of a general partner or a principal of the successor entity: | | |
| Osceola Imaging Center, Inc. Printed Name By: Signature | | |
| Fee: No charge if included with Certificate of Dissolution. If filed separately, | | |

\$52.50.