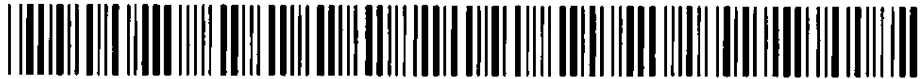


**LO3000018204**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20100000075  
Phone : (305)373-9419  
Fax Number : (305)373-9443

**LLC DISSOLUTION OR WITHDRAWAL  
RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, L.C**

Certificate of Status	0
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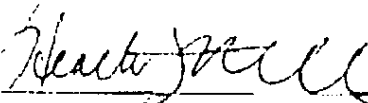
**ARTICLES OF DISSOLUTION  
OF  
RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC**

Pursuant to the provisions of Section 605.0707 of the Florida Revised Limited Liability Company Act, this limited liability company submits the following Articles of Dissolution:

1. Name. The name of the limited liability company is **RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC** (the "Company").
2. Formation. The Articles of Organization of the Company were filed on May 20, 2003 and assigned document number L03000018204.
3. Effective Date. The effective date of the dissolution of the Company shall be the date of filing of these Articles of Dissolution with the Florida Secretary of State.
4. Description of Occurrence. Dissolution was authorized by the consent of the members of the Company in accordance with the Florida Statutes.

**IN WITNESS WHEREOF**, these Articles of Dissolution have been executed on behalf of the Company on the 28th day of February, 2023.

**RADIOLOGY PHYSICIANS OF  
INDIAN RIVER COUNTY, LC**

By:   
Heather S. Nagel, M.D., President

2023 FEB 28 PM 1:41

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**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712 of the Florida Statutes.

1. Name of Limited Liability Company: **RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC.**
2. Document number of Limited Liability Company is: 1.03000018204.
3. Date of Dissolution was: Date of filing of the Articles of Dissolution with the Florida Secretary of State.
4. Description of information that must be included in a written claim: Name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.
5. Mailing address where claims can be sent is:

**RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC**  
3725 11<sup>th</sup> Circle  
Vero Beach, Florida 32960  
Attn: Heather S. Nagel, M.D.

6. A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

**RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC**

By:   
Heather S. Nagel, President