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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC REVOCATION OF DISSOLUTION
RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY, LC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiology Physicians of Indian River County, L.C

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Franco Furmanski, Esq.

Contact Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

2 South Biscayne Boulevard, 21st Floor

Address

Miami, FL 33131

City, State and Zip Code

gisela.fasco@nelsonmullins.com

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

For further information concerning this matter, please call:

Gisela Fasco

Name of Contact Person

at 305

Area Code

373-9419

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

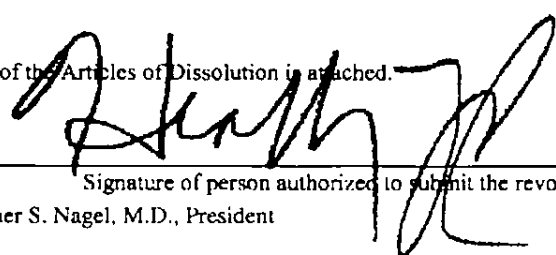
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Radiology Physicians of Indian River County, L.C
2. The document number of the company is L03000018204
3. The effective date the Dissolution was filed is February 28, 2023
4. The revocation of dissolution was authorized on May 11, 2023
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution
Heather S. Nagel, M.D., President

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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