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DIVISION OF CORPORATIONS

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : VITALMD GROUP HOLDING
Account Number : I20090000005
Phone : (305)273-4641
Fax Number : (305)273-0405

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TALLAHASSEE, FLORIDA

LLC REVOCATION OF DISSOLUTION

VMD GYN ONCOLOGY, LLC

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K. SALY

NOV 22 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMD GYN ONCOLOGY, LLC

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:

JENNIFER PEREZ, ESQ.

Contact Person

FENWELL GROUP HEALTH

Firm/Company

3225 AVIATION AVENUE, SUITE 700

Address

MIAMI, FLORIDA 33133

City, State and Zip Code

JENNPerez@FEMWELL.COM

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

For further information concerning this matter, please call:

Name of Contact Person at () 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

FILED
Nov 19, 2024
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

VMD GYN ONCOLOGY, LLC

The document number of the limited liability company: L04000020900

The file date of the articles of organization: March 11, 2004

A description of occurrence that resulted in the limited liability company's dissolution:

LLC IS NO LONGER ACTIVE OR CONDUCTING BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

VITALMD GROUP HOLDING, LLC
3225 AVIATION AVENUE, SUITE 700
MIAMI, FL 33133

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: VITALMD GROUP HOLDING, LLC

Electronic Signature of authorized person