Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

FN 12:

Account Name : BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A.

Account Number : 072731001155 Phone : (813)253-2020

Fax Number : (813)253-2020

LLC DISSOLUTION OR WITHDRAWAL SP HEALTHCARE HOLDINGS, LLC

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ARTICLES OF DISSOLUTION FOR SP HEALTHCARE HOLDINGS, LLC

SP HEALTHCARE HOLDINGS, LLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

- 1. The name of the Company is SP HEALTHCARE HOLDINGS, LLC.
- 2. The Articles of Organization were filed on September 22, 2005, and assigned document number L05000093356.
- 3. The effective date of the Company's dissolution is December 31, 2020, or the date filed by the Department of State.
- 4. The occurrence that resulted in the dissolution was the members of the Company consenting in writing to the dissolution of the Company pursuant to Section 605.0701 of the Act.
- 5. All debts, obligations and liabilities of the Company have been paid or discharged.
- 6. All remaining property and assets have been distributed to the Company's member.
 - 7. There are no suits pending against the Company in any Court.

SP HEALTHCARE HOLDINGS, LLC,

a Florida limited liability company

By: Rodolfo Gari Ir Presiden

Date: 1-11-2011

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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, F.S.

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

- 1. Name of Limited Liability Company: SP HEALTHCARE HOLDINGS, LLC.
- 2. Document number of Limited Liability Company is: L05000093356.
- 3. Effective date of dissolution is December 31, 2020, or the date filed by the Florida Department of State.
- 4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
- Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

SP HEALTHCARE HOLDINGS, LLC Attention: Rodolfo Gari, Jr. 550 N. Reo Street, Ste. 100 Tampa, Florida 33609

A claim against the above-named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

SP HEALTHCARE HOLDINGS, LLC

Rodolfo Gari, Ir., President