

L090000 61578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

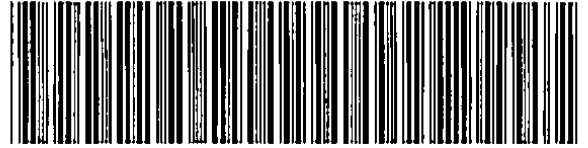
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700330598697

06/18/19--01014--010 **100.00

FILED
CLERK OF STATE
CORPORATIONS
19 JUN 18 PM 3:06

Statement
of
Revocation

JUN 27 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FEMHEALTH, 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.

GREG HARRIS

Contact Person

UNIFIED PHYSICIAN MANAGEMENT, LLC

Firm/Company

1501 YAMATO ROAD, SUITE 200W

Address

BOCA RATON, FL 33431

City, State and Zip Code

LEGAL.SUPPORT@UNIFIEDHC.COM

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

For further information concerning this matter, please call

GREG HARRIS at (561) 300 2410
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E132 (10-15)

19 JUN 18 PM 3:05

STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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.

- FEMHEALTH, LLC
1. The name of the company is: _____
- L09000061578
2. The document number of the company is _____
- 3/22/19
3. The effective date the Dissolution was filed is _____
- 6/11/2019
4. The revocation of dissolution was authorized on _____
- *5. A copy of the Articles of Dissolution is attached.

DocuSigned by
John Campdenzo Chief Legal Officer
92281E Signature of person authorized to submit the revocation of dissolution

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

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA
19 JUN 18 PM 3:06

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:
FEMHEALTH, LLC

The document number of the limited liability company: L09000061578

The file date of the articles of organization: June 24, 2009

The effective date of the dissolution if not effective on the date of filing: March 22, 2019

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

The name and address of the person appointed to wind up the company's activities and affairs:
UNIFIED PHYSICIAN MANAGEMENT
1501 YAMATO RD 200 WEST
BOCA RATON, FL 33431 UN

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: AARON SUDBURY

Electronic Signature of authorized person