

L100000008967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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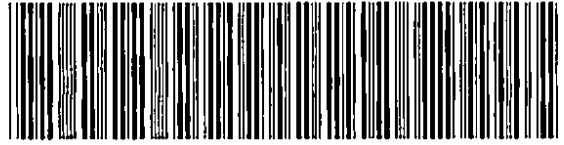
(Business Entity Name)

(Document Number)

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Date: **December 23, 2021**

Account#: 1200000000088

Name: **ERIC HOOD**

Reference #: **1555893**

Entity Name: **UNIVERSITY PRIMARY CARE, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **CERTIFIED COPY**

Authorized Amount: **\$55.00**

Signature: *Eric Hood*



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☒ Other **CERTIFIED COPY**

Authorized Amount: **\$55.00**

Signature: *Eric Hood*

**ARTICLES OF DISSOLUTION
OF
UNIVERSITY PRIMARY CARE, LLC**

December 23, 2021

The undersigned, in his capacity as an authorized person of University Primary Care, LLC, a limited liability company organized and existing under the Limited Liability Company Act of the State of Florida (the "*Company*"), desires to dissolve the Company, and in furtherance

HEREBY CERTIFIES:

FIRST: The name of the Company is UNIVERSITY PRIMARY CARE, LLC.

SECOND: The Articles of Organization were filed on January 22, 2010 and assigned document number L10000008967.

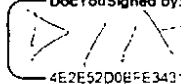
THIRD: The delayed effective date of the dissolution is not applicable. The filing is effective upon the date of filing with the Secretary of State.

FOURTH: Pursuant to section 605.0707, Florida Statutes, the Company's dissolution is a result of no business activity.

Signature Page Follows

FILED
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution effective as of the day first above written.

DocuSigned by:

4E2E52D08FE3431

David Rodriguez,
Authorized Person and Manager

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