

L11000000 5696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

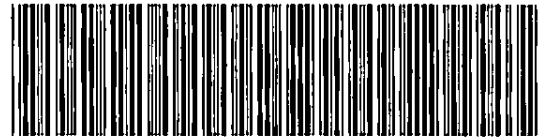
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900329207889

FILING CANCELLED  
DUE TO RETURNED CHECK

05/13/19--01014--024 \*\*100.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAY 13 P 11:36

FILED

MAY 24 2019  
T. LEMMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HALIFAX OB/GYN, 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:

**FILING CANCELLED  
DUE TO RETURNED CHECK**

PAUL SMITH-JONAS

\_\_\_\_\_  
Contact Person

UNIFIED PHYSICIAN MANAGEMENT

\_\_\_\_\_  
Firm/Company

1501 YAMATO ROAD, SUITE 200 WEST

\_\_\_\_\_  
Address

BOCA RATON, FL 33431

\_\_\_\_\_  
City, State and Zip Code

PAUL.SMITHJONAS@UNIFIEDHC.COM

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

For further information concerning this matter, please call:

PAUL SMITH-JONAS

at ( 561 ) 300-2410 EXT. 156  
\_\_\_\_\_  
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

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**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: HALIFAX OB/GYN, LLC
2. The document number of the company is L11000005696
3. The effective date the Dissolution was filed is ~~5/3/2019~~ 3/20/2019
4. The revocation of dissolution was authorized on 5/3/2019
5. A copy of the Articles of Dissolution is attached.

Paul M. Omas

Signature of person authorized to submit the revocation of dissolution

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

FILED  
MAY 13 2019  
TALLAHASSEE, FLORIDA

2019 MAY 13 P 11:36

FILED

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**FILED  
Mar 20, 2019  
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:

HALIFAX OB/GYN, LLC

The document number of the limited liability company: L11000005696

The file date of the articles of organization: January 13, 2011

The effective date of the dissolution if not effective on the date of filing: March 20, 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