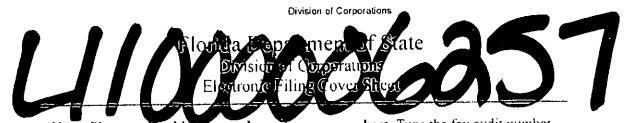
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3/23/2021



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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida S Termination:	Statutes, I hereby submit the	e following Statement of	
FIRST: The name of the limited liability	company is:		
North River Physician Network, LLC			
SECOND:			
The date of filing of the initial arti	cles of organization is:	01/14/2011	
THIRD: The date of filing of the dissolut 03-23-2021			
FOURTH: This limited liability company has determined that it will file a statemen	y has completed winding u t of termination.	p its activities and affairs a	~ IH 图 NAR 23
Signature of Authorized Representative	Natalie H. Cline Typed or printed n		至于47

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