

211 0000 61140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

D. BRUCE
OCT 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOMEN TO WOMEN OB GYN CARE, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Doris R. Muscarella

Contact Person

Unified Physician Management

Firm/Company

1501 Yamato Road, Suite 200W

Address

Boca Raton, Florida 33431

City, State and Zip Code

doris.muscarella@unifiedhc.com

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

For further information concerning this matter, please call:

Doris R. Muscarella

Name of Contact Person

at (561)

Area Code

226-5701

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

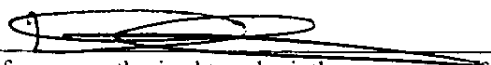
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STATE OF FLORIDA
TALLAHASSEE

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**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: WOMEN TO WOMEN OB GYN, LLC
2. The document number of the company is L11000061140
3. The effective date the Dissolution was filed is 8/30/16
4. The revocation of dissolution was authorized on 9/27/2016
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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

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