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(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

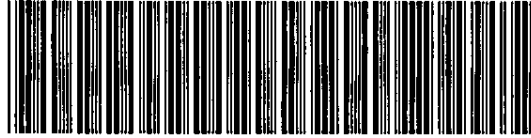
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2015

william johnson iii
588 sterthaus dr
ormond beach, FL 32174-5128

SUBJECT: EVOLVES VASCULAR LAB, LLC
Ref. Number: L13000149396

We have received your document for EVOLVES VASCULAR LAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00005813

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVOLVES Vascular Lab, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

William H. Johnson, III, M.D. & John B. Holt, M.D.

(Name of Person)

Atlantic Cardiovascular & Thoracic Surgeons, LLC

(Firm/Company)

588 Sterthaus Dr

(Address)

Ormond Beach, FL 32174-5128

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicky B. Fuller, Practice Manager

(Name of Person)

386

672-9503

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

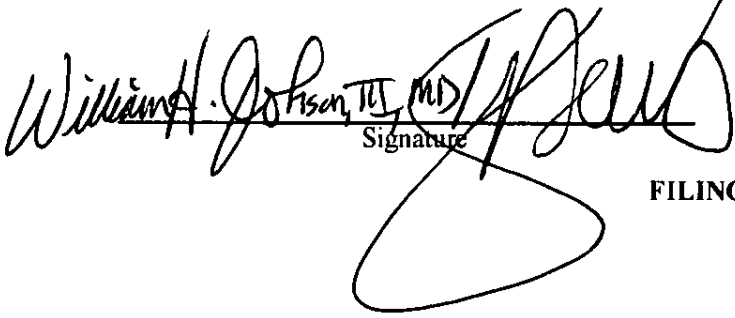
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
EVOLVES Vascular Lab, LLC
2. The Articles of Organization were filed on October 23, 2013 and assigned
document number L13000149396
3. The delayed effective date the dissolution if not effective on the date of filing: May 1, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Was in best interest to keep EVOLVES Vascular Lab under a Fictitious Name with
Registration Number G14000086945
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: William H. Johnson, III, M.D./John B. Holt, M.D.
588 Sterthaus Dr
Ormond Beach, FL 32174-5128
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

William H. Johnson, III, M.D./John B. Ho
Printed Name

FILING FEE: \$25.00

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ALLAHAMSTE, FLORIDA