

U400036995

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

LLC DISSOLUTION OR WITHDRAWAL
PALM MEDICAL WEST, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Palm Medical West, LLC

2. The Articles of Organization were filed on March 6, 2014 and assigned
document number L14000036995

3. The delayed effective date the dissolution if not effective on the date of filing:
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

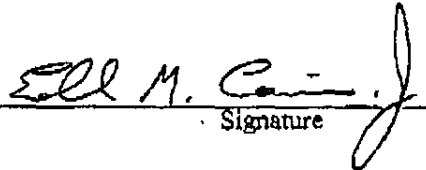
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Voluntary dissolution of the limited liability company.

5. [If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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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

Health Holdings Acquisitions, LLC, Member
By: Edward M. Carriero, Authorized Person
Printed Name

FILING FEE: \$25.00