

L16000115887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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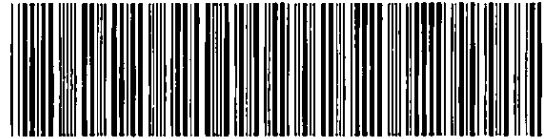
(Business Entity Name)

(Document Number)

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Date: **December 21, 2021**

Account#: I20000000088

Name: **ERIC HOOD**

Reference #: **1554359**

Entity Name: **UNIMED CARE CENTER, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **CERTIFIED COPY**

Authorized Amount: **\$55.00**

Signature: *Eric Hood*

**ARTICLES OF DISSOLUTION  
OF  
UNIMED CARE CENTER, LLC**

**December 21, 2021**

The undersigned, in his capacity as an authorized person of Unimed Care Center, LLC, a limited liability company organized and existing under the Limited Liability Company Act of the State of Florida (the "*Company*"), desires to dissolve the Company, and in furtherance

HEREBY CERTIFIES:

FIRST: The name of the Company is UNIMED CARE CENTER, LLC.

SECOND: The Articles of Organization were filed on June 15, 2016 and assigned document number L16000115887.

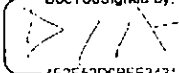
THIRD: The delayed effective date of the dissolution is not applicable. The filing is effective upon the date of filing with the Secretary of State.

FOURTH: Pursuant to section 605.0707, Florida Statutes, the Company's dissolution is a result of no business activity.

*Signature Page Follows*

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution effective as of the day first above written.

DocuSigned by:  
  
4E2E52DCBFE3431

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David Rodriguez.  
Authorized Person and Manager