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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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| TO: | Registration Section Division of Corporations | | | | | | |
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| end n | ECT: Psychiatric Care Florida, LLC | | | | | | |
| ou bai | Name of Limited Liability Company | | | | | | |
| | nclosed Statement of Revocation of Dissolution ted for filing. | m for Florida Limi | ted Liability Company and fee(s) are | | | | |
| Please | return all correspondence concerning this ma | tter to: | | | | | |
| Sarah | Youssef | | | | | | |
| | Contact Person | | _ | | | | |
| | Firm/Company | | _ | | | | |
| 5 Engl | le Drive | | _ | | | | |
| | Address | | | | | | |
| Ocean | Ridge, FL 33435 | | | | | | |
| | City, State and Zip Code | | _ | | | | |
| martin | @ict-investment.com | | | | | | |
| E- | mail address: (to be used for future annual rep | port notification) | - | | | | |
| For fu | rther information concerning this matter, pleas | se call: | | | | | |
| Martir | n Wiescholek | 561 at (|)633-8882 Daytime Telephone Number | | | | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | | | | |
| | Mailing Address: | | Street Address: | | | | |
| | Registration Section | | Registration Section | | | | |
| | Division of Corporations | | Division of Corporations | | | | |
| | P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| | Tallahassee El 32314 | | 2415 N. Monroe Street, Suite 8 | | | | |

Tallahassee, FL 32303

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. | Psychiatric Care Florida LLC The name of the company is: | | | |
|----|--|-------------|-------|----------|
| 2. | The document number of the company is | <u> </u> | 202 | · |
| 3. | 04/09/21 The effective date the Dissolution was filed is | AC | ו שוו | <u> </u> |
| 4. | 07/09/21 The revocation of dissolution was authorized on | 4000 (1) | 6 AM | |
| 5. | A copy of the Articles of Dissolution is attached. | | 11:11 | |
| | | | | |
| | Signature of person authorized to submit the revocation of dissolution | | | |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Apr 09, 2021 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

PSYCHIATRIC CARE FLORIDA, LLC

The document number of the limited liability company: L16000219667

The file date of the articles of organization: December 5, 2016

The effective date of the dissolution if not effective on the date of filing: April 9, 2021

A description of occurance that resulted in the limited liability company's dissolution:

SEIZED OPERATIONS

The name and address of the person appointed to wind up the company's activities and affairs:

MARTIN WIESCHOLEK 5 ENGLE DRIVE OCEAN RIDGE, FL 33435 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SARAH YOUSSEF

Electronic Signature of authorized person