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Division of Corporations

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To:

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From:

Account Name : GUNSTER,YOAKLEY & STEWART,P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
PARTNERS NEURODIAGNOSTICS, LLC**

Certificate of Status	1
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**ARTICLES OF DISSOLUTION
FOR
PARTNERS NEURODIAGNOSTICS, LLC**

PARTNERS NEURODIAGNOSTICS, LLC, a Florida limited liability company (the "Company"), hereby delivers these Articles of Dissolution pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act") for the purpose of dissolving the Company.

1. The name of the Company is **PARTNERS NEURODIAGNOSTICS, LLC**.
2. The Articles of Organization were filed on May 18, 2017, and assigned document number L17000109615.
3. The effective date of the Company's dissolution is the date of filing of these Articles of Dissolution with the Florida Department of State.
4. The occurrence that resulted in the dissolution was the sole member of the Company consenting in writing to the dissolution of the Company pursuant to Section 605.0701 of the Act.
5. All debts, obligations and liabilities of the Company have been paid or discharged.
6. All remaining property and assets have been distributed to the Company's sole member.
7. There are no suits pending against the Company in any Court.

PARTNERS NEURODIAGNOSTICS, LLC,
a Florida limited liability company

By: David Wood
David A. Wood, Manager

Date: 08/07/2024

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, F.S.

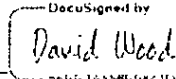
This "*Notice of Dissolution*" is optional and is not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: PARTNERS NEURODIAGNOSTICS, LLC.
2. Document number of Limited Liability Company is: 117000109615.
3. Effective date of dissolution is the date the Articles of Dissolution are filed with the Florida Department of State.
4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

PARTNERS NEURODIAGNOSTICS, LLC
Attention: David A. Wood, Manager
501 N. Reid St.
Tampa, FL 33609

A claim against the above-named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PARTNERS NEURODIAGNOSTICS, LLC

By:  _____
David A. Wood, Manager