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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAPTIST HEALTH CARE CORPORATION

Account Number : I20210000073

Phone

: (850)469-2129

Fax Number

: (850)434-4841

## LLC DISSOLUTION OR WITHDRAWAL LIGHTHOUSE HEALTH PLAN, LLC

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M. SOLOMON JUN 2 2 2023

# ARTICLES OF DISSOLUTION OF LIGHTHOUSE HEALTH PLAN, LLC

LIGHTHOUSE HEALTH PLAN, LLC, a Florida limited liability company, pursuant to Section 605.0707, F.S., by its board of directors, hereby sets forth its Articles of Dissolution.

#### **ARTICLE I**

The name of the limited liability company is LIGHTHOUSE HEALTH PLAN, LLC.

#### **ARTICLE II**

The Articles of Organization were filed on October 18, 2017 and assigned document number £17000216087.

#### ARTICLE III

The dissolution was authorized by the unanimous written consent of the limited liability company's board of directors on <u>Tune</u> <u>20</u>, 2023. The effective date of the dissolution shall be the date of filing.

### ARTICLE IV

In accordance with Section 605.0701(1), F.S. and with the operating agreement of the limited liability company, dissolution was approved by all of the members of the board of directors. The number of votes east for dissolution was sufficient for approval. The members of the limited liability company shall proceed to wind up the affairs of the limited liability company upon dissolution.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed this <u>20th</u> day of <u>JUAC</u>. 2023.

Mark Faulkner

Rob Tonkinson

Steve Tutewohl

Jonathan Weinberg /

SITUALITARY OF STATE

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#### NOTICE OF 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 s. 605.0712, F.S.

Name of Limited Liability Company: LIGHTHOUSE HEALTH PLAN, LLC

Document Number of Limited Liability Company: L17000216087

Date of Dissolution: Date of Filing of Articles of Dissolution

Description of information that must be included in a written claim:

- 1. Name of Claimant;
- 2. Amount of Claim;
- 3. Description of Claim: and
- 4. Date of Claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations): Lighthouse Health Plan, LLC c/o Baptist Health Care, Inc., Attn: General Counsel, 1717 North "E" Street, Suite 320, Pensacola, Florida 32501; copy to: Lighthouse Health Plan, LLC c/o Baptist Health Care, Inc., Attn: General Counsel, 123 Baptist Way, Pensacola, Florida 32503.

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

Murk Faulkner

Board of Directors:

Rob Tonkinson

Andy Terr

Steve-Tutewohl

Jonathan Weinberg

SECRETARY OF STATE

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