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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL WEST PALM BEACH SURGICAL CENTER, LLC

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

<ol> <li>The name of a limite West Palm Beach Sur</li> </ol>	* * *
2. The Articles of Orga	ation were filed onand assigned
document number _	000391343
Note: If the date inse	ate the dissolution if not effective on the date of filing:  ctive date cannot be prior to or more than 90 days later than date document is received for filing)  I in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.
4. A description of occ 605.0707, Florida Sta	ence that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter).
The occurrence that lea	the dissolution of the limited liability company was the authorization and direction
given to the Manager of	e Company to execute and file Articles of Dissolution on behalf of the Company.
5. If there are no memb	, enter the name and address of the person appointed to wind up the company's:
activities and affairs	National Breathe Free Sinus and Allergy Centers c/oLisa Anderson
activities and arrains	c/o Lisa Anderson
	2021 K Street, NW #600
	Washington, DC 20006
6. Signature of an author above to wind up the co	ed person or if there are no members, the signature of the person appointed and listed any's activities and affairs:
	Nabiel Matthew Ghanem, Manager of National Breathe Free Sinus and Allergy Centers
Sign	e Printed Name

FILING FEE: \$25.00