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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

LLC DISSOLUTION OR WITHDRAWAL CARECORE NATIONAL, LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Carecore Nat | ional, LLC | | |
|--|---|---------------------------------|-----------------|
| | (Name of limited liability company) | | |
| New York | | | |
| | (Jurisdiction of its organization) | | |
| 07/25/2006 | | | |
| | (Date registered with Florida Department of State) | | |
| M060000041 | 32 | | |
| | (Florida Document Number) | | |
| This limited li | ability company is withdrawing its certificate of authority in thi | s state. | |
| (If an effective more than 90 o Note: If the da | e, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to odays after filing.) ate inserted in this block does not meet the applicable statutory from the listed as the document's effective date on the Department | iling requiren | nents, |
| | (Signature of authorized representative) By: Evicore Healthcare MSI, LLC Its Member By: Sandra J. Schmehl, Assistant Secretary | '& | 2023 F |
| | (Typed or printed name of signee) | 7 ** ** ** ** ** | FFB 20 4M 9: 46 |

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