

5/1/2020

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL  
ONCOLOGY REHAB PARTNERS, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

*Withdrawal*

MAY 04 2020

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Oncology Rehab Partners, LLC

(Name of limited liability company)

Massachusetts

(Jurisdiction of its organization)

November 13, 2013

(Date registered with Florida Department of State)

M13000007197

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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*Pamela Kearse*

(Signature of authorized representative)

Pamela L. Kearse- Assistant Secretary

(Typed or printed name of signer)

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