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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 300270 __ 767875

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 16, 2018

ORDER TIME : 3:11 PM

ORDER NO. : 300270-005

CUSTOMER NO: 7678797

DOMESTIC FILINGS

NAME: DAVITA MEDICAL GROUP

FLORIDA, P.A.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: DaVita Medical Group Florida, P.A.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: June 1, 2018		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution tile date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by (voting group)		
	(voting group)		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Chan-Chou Chuang, M.D.		
	(Typed or printed name of person signing)		
	Director & President		
	(Title of person signing)		