P10000 14727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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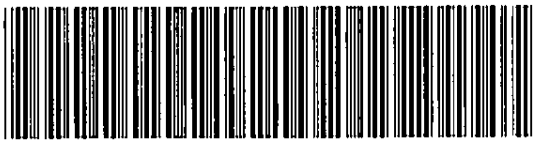

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FILED
2025 MAY 27 AM 10:51

RECEIVED
2025 MAY 27 PM 4:06

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : $ 35.0

ORDER DATE : 5/27

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

REINSTATEMENT

NAME: Sheridan Healthcare Of Virginia, Inc.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
__✓__ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHERIDAN HEALTHCARE OF VIRGINIA, INC.

DOCUMENT NUMBER: P10000014727

The enclosed ***Articles of Revocation of Dissolution*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Ware
Name of Contact Person

Envision Physician Services, LLC
Firm/Company

20 Burton Hills Blvd., Suite 300
Address

Nashville, TN 37215
City/State and Zip Code

legal@envisionhealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Ware - rebecca.ware@envisionhealth.com At (615) 293-5947
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: SHERIDAN HEALTHCARE OF VIRGINIA, INC.

SECOND: The document number of the corporation (if known) is P10000014727.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 04/30/2025.

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.

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FOURTH: The Revocation of Dissolution was authorized on 04/30/2025.

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ■ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature DocuSigned by: Jason Owen 1975A8360A8A4F2

(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)

Jason Owen

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE $35

CR2E008 (12/19) REIN-58315

FILED
Apr 30, 2025
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SHERIDAN HEALTHCARE OF VIRGINIA, INC.

SECOND: The document number of the corporation: P10000014727

THIRD: The file date of the articles of incorporation: February 17, 2010

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JASON OWEN PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative