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Office Use Only



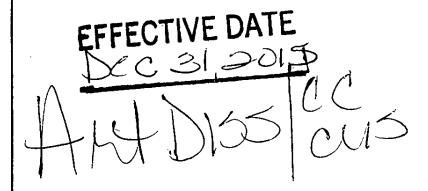
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

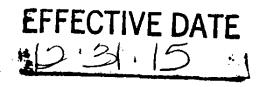
Tallahassee, FL 32314

| SUBJECT: Article | es of Dissolutions for CCS Fl | orida Medical Services, P.A. | |
|-----------------------|--|---|--|
| DOCUMENT NU | JMBER: P12000057999 | | ······································ |
| The enclosed Arti | cles of Dissolution and | fee are submitted for filin | g. |
| Please return all co | orrespondence concernin | g this matter to the follow | ving: |
| Erika Cotton | | | |
| | (Name of | Contact Person) | |
| Correct Care Solution | ns, LLC | | |
| | (Fir | m/Company) | 14 (1914) 14 (1 |
| 1283 Murfreesboro R | d., Ste 500 | | |
| | (A | (ddress) | |
| Nashville, TN 37217 | , | | |
| | (City/Sta | ate and Zip Code) | · |
| For further inform | ation concerning this ma | atter, please call: | |
| Erika Cotton | | at (615-844-5546 | |
| (Name | of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a chec | k for the following amo | unt: | |
| □ \$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) |
| Amendme | ADDRESS: nt Section of Corporations | Ame | EET ADDRESS: endment Section sion of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



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: CCS Florida Medical Services, P.A. | | | | | | |
|---------|--|--|--|--|--|--|----------------|
| SECOND: | : The document number of the corporation (if known): | | | | | | |
| THIRD: | The date dissolution was authorized: | | | | | | |
| | Effective date of dissolution if applicable: December 31, 2015 at 11:59pm | | | | | | |
| | (no more than 90 days after dissolution file 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) |
| | SSEC PA | | | | | | |
| | (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) | | | | | | |
| | David Watson | | | | | | |
| | (Typed or printed name of person signing) | | | | | | |
| | Secretary, Treasurer | | | | | | |
| | (Title of person signing) | | | | | | |