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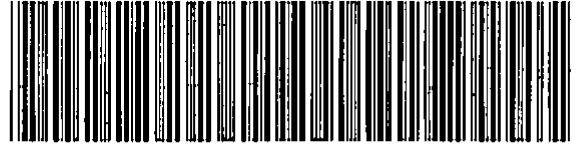
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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FILED

Revocation
OF
Dissolution

PHILLIP T. CRENSHAW, P.A.

Professional Association
Attorneys at Law

Barristers Building, Suite 500
1615 Forum Place
West Palm Beach, Florida 33401

Telephone (561) 439-6100
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e-mail: crenlaw1@aol.com

August 20, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Revocation of Dissolution

Re: Palm West Internists, P.A.; Document No. P97000039850
Articles of Revocation of Dissolution

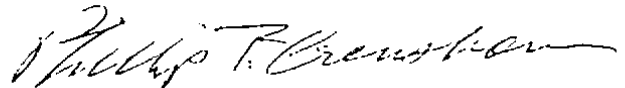
Dear Sir or Madam:

Enclosed is above Articles of Revocation of Dissolution and Articles of Dissolution, along with our filing fee of \$35.00 payable to Florida Department of State.

Also enclosed is return addressed, postage prepaid envelope for return of our filing acknowledgment.

Thank you for your service.

Sincerely yours,



Phillip T. Crenshaw

Enclosures

cc: Susana Allongo

PTC:amk

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF REVOCATION OF DISSOLUTION

PALM WEST INTERNISTS, P.A.

DOCUMENT NO. P97000039850

Articles of Revocation of Dissolution is hereby submitted together with a copy of its Articles of Dissolution:

- A. The name of the corporation: Palm West Internists, P.A.
- B. The effective date of the dissolution that was revoked: June 3, 2019.
- C. The date of the revocation of dissolution authorized by the company: August 12, 2019.
- D. The corporation revokes its dissolution as authorized by 100% of shareholders and its president.
- E. The Revocation of Dissolution is effective upon the effective date of the Articles of Revocation of Dissolution on August 12, 2019.

IN WITNESS WHEREOF, the undersigned member has executed these articles of organization on August 12, 2019 and in accordance with section 605.0201, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

PALM WEST INTERNISTS
A Professional Association

By: _____


Jose F. Allongo, Jr.
President and Sole Shareholder

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:
Palm West Internists, P.A.

SECOND: The document number of the corporation (if known): P97000039850

THIRD: The date dissolution was authorized: April 3, 2019

Effective date of dissolution if applicable: April 3, 2019

(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.

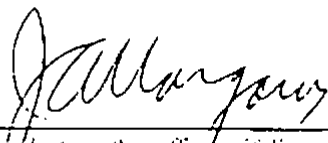
☐ Dissolution was approved by the shareholders through voting groups.

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

100% of Shareholders

(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)

Dr. Jose F. Allongo, Jr.

(Typed or printed name of person signing)

Sole Director and Owner

(Title of person signing)

FILED
2019 JUN -3 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Palm West Internists, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

standard commercial invoice information

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Palm West Internists, P.A.

c/o Phillip T. Crenshaw, P.A.

1615 Forum Place, Suite 500

West Palm Beach, Florida 33401

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dr. Jose F. Allongo, Jr.

Printed Name of the Person Filing



Signature of the Person Filing


ARTICLES OF DISSOLUTION

The undersigned submits Articles of Dissolution duly authorized.

1. Name: Palm West Internists, P.A.
2. Date Dissolution Authorized: April 1, 2019
3. Dissolution was approved by 100% of shareholders.

Dated: April 1, 2019

Palm West Internists, P.A.,
a Florida Professional Association

By: /s/ 
Dr. Jose F. Allongo, Jr.
President and Sole Shareholder

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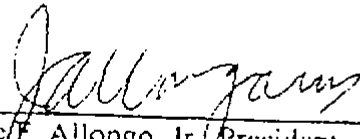
CONSENT TO USE SIMILAR ENTITY NAME

TO: Palm West Internists, LLC.

The undersigned, as president and sole owner, does consent to the use of the above similar name, pursuant to Florida Statute 605.0112(1)(b).

Palm West Internists, P.A.

By: _____


Joseph F. Allongo, Jr. President
and Sole Owner

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