

To:

5/29/24, 12:37 PM

Page: 1 of 2

2024-05-30 12:38:02 GMT

08132001050

From: John Gurba

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000189495 3))



H240001894953ABC9

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : COURTACCESS CENTERS, LLC  
Account Number : 075350000541  
Phone : (813)875-1333  
Fax Number : (813)200-1050

**DISSOLUTION OR WITHDRAWAL  
BUFFALO MEDICAL CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2024 MAY 30 AM 11:02

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
2024 MAY 30 AM 8:31  
SECRETARY OF STATE

J DENNIS

MAY 30 2024

DocuSign Envelope ID: 9CA86A00-FBCA-46DF-B220-F4D76A3E3A8B

Audit# H24000189495

**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:  
BUFFALO MEDICAL CENTER, INC.

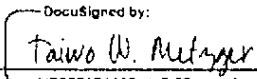
SECOND: The document number of the corporation (if known): P98000008784

THIRD: The date dissolution was authorized: 5/29/2024

Effective date of dissolution if applicable: (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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:   
(By a director, president or other officer - if officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

TAIWO W METZGER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED  
2024 MAY 30 AM 8:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE