V02205

| (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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Office Use Only



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FEB 0 8 8. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION: Healthcare Perfo | ormance, Inc. | |
|--|--|---|
| DOCUMENT NUMBER: V02205 | | |
| The enclosed Articles of Revocation of Dissolu | tion and fee are submitted fo | r filing. |
| Please return all correspondence concerning this | s matter to the following: | |
| Charles W. Smithers, Jr. | | |
| Name of | Contact Person | |
| Healthcare Performance, Inc. | | |
| Firm | v/Company | |
| 162 Via Tisdelle Street | | |
| | Address | |
| Orange Park, FL 32073 | | |
| City/Stat | e and Zip Code | |
| hpicpa1@gmail.com | | |
| E-mail address: (to be used to | or future annual report notificatio | n) |
| For further information concerning this matter. | please call: | |
| Charles W. Smithers, Jr. | 904 412-1824 At () | |
| 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 | S43.75 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 | Street Address: Amendment Section | 1 |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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: | | |
|---------|---|----------------------|--|
| SECOND: | The document number of the corporation (if known) is | | |
| THIRD: | The effective date (or file date, if no effective date) of the Articles of Dissolution | | |
| | filed with the Florida Department of State is | e will | |
| FOURTH: | The Revocation of Dissolution was authorized on January 9, 2024 | | |
| 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. | c | |
| SIXTH: | A copy of the Articles of Dissolution is attached. | | |
| | Signature (Inmlim W. Armithman) (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) LHARLES W. Sm. THETSE JR. (Typed or printed name of person signing) | 2024 JAN 16 PH 6: 44 | |
| | (Title of person signing) | | |

FILING FEE \$35

FILED Dec 26, 2023 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

HEALTHCARE PERFORMANCE, INC.

SECOND: The document number of the corporation: V02205

THIRD: The date dissolution was authorized: December 15, 2023

Effective date of dissolution: December 31, 2023

FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter

and by Articles of Incorporation.

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: CHARLES W. SMITHERS, JR. EXECUTIVE VP/CFO

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