

L05000097233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

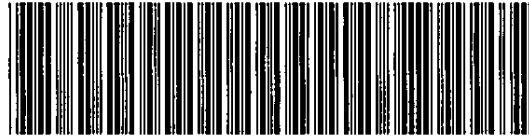
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242292853

12/17/12--01047--027 **30.00

FILED
2012 DEC 17 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
DEC 18 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pace Ambulatory Surgery Center, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen O. Emmanuel, Esq.
(Name of Person)

Sacred Heart Health System, Inc.
(Firm/Company)

5151 N. Ninth Avenue
(Address)

Pensacola, FL, 32504
(City/State and Zip Code)

FILED
2012 DEC 17 AM 7:44
TALLHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Karen O. Emmanuel, Esq. at (850) 416-6500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2012 DEC 17 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Pace Ambulatory Surgery Center, LLC

2. The Articles of Organization were filed on 10/03/2005 and assigned document number
L05000097238

3. The date the dissolution was approved: 11/27/2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The written consent of all the members of Pace Ambulatory Surgery Center, LLC.

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Buddy Elmore

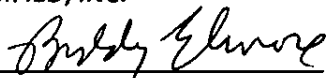
Buddy Elmore, Manager Gulf Coast Diversified, Inc.

**UNANIMOUS WRITTEN AGREEMENT OF PACE AMBULATORY SURGERY CENTER, L.L.C
TO DISSOLVE THE LIMITED LIABILITY COMPANY**

We, the undersigned, being all of the members of Pace Ambulatory Surgery Center, L.L.C., a Florida limited liability company, agree to the voluntary dissolution of the company and authorize and direct Karen O. Emmanuel, Esq., to take all steps necessary or appropriate to dissolve the limited liability company pursuant to Sections 608.441 to 608.447 of the Florida Limited Liability Company Act.

Dated: November 27, 2012

GULF COAST DIVERSIFIED, INC.

By: 

Printed: Buddy Elmore, Manager GCD

Address: Sacred Heart Health System, Inc.

5151 N. Ninth Avenue

Pensacola, FL 32504

FILED
2012 DEC 17 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA