

40000107864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

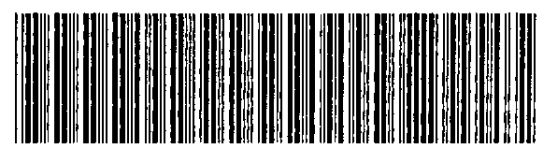
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000207070220

05/03/11--01048--011 **25.00

FILED
11 MAY 31 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 01 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

KRISTIE V. MACK
15087 WILLOW WAY #B
CLEARWATER, FL 33760

SUBJECT: PHYSICIANS CHOICE MEDICAL BILLING SOLUTIONS, LLC
Ref. Number: L10000107864

We have received your document for PHYSICIANS CHOICE MEDICAL BILLING SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00011029

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 31 PM 2:37

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Choice Medical Billing Solutions, 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:

Kristie V. Mack

(Name of Person)

(Firm/Company)

15087 Willow Way #B

(Address)

Clearwater, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristie V. Mack

(Name of Person)

at (727) 902-7428

(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

FILED
11 MAY 31 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Physicians Choice Medical Billing Solutions

2. The Articles of Organization were filed on October 15, 2010 and assigned document number
L10000107864

3. The date the dissolution was approved: April 15, 2011

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).

Business never got off the ground properly due to limited funds.

5. CHECK ONE:

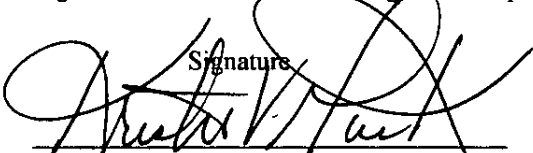
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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

Eric Blow

Printed Name

Kristie V. Mack

Eric Blow

FILED
MAY 31 PM 2:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE