A14000000784

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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14 JAN -7 PM 1:15
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TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP**
**FIDELITAS MEDICAL IT-SOLUTIONS LP**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $61.25 |

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TALLAHASSEE, FLORIDA

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T. Burch JAN 0 8 2014

**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Fidelitas Medical IT-Solutions LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Elissa Hart
(Contact Person)
Smith, Gambrell & Russell, LLP
(Firm/Company)
1230 Peachtree St., Suite 3100
(Address)
Atlanta, GA 30309
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elissa Hart at ( 404 ) 815-3500
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $52.50 Filing Fee ☑ $61.25 Filing Fee and Certificate of Status ☐ $105.00 Filing Fee and Certified Copy ☐ $113.75 Filing Fee, Certified Copy, and Certificate of Status

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

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

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**CERTIFICATE OF DISSOLUTION**
**FOR**

FIDELITAS MEDICAL IT-SOLUTIONS LP A11-784
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 1, 2011, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The Partnership is no longer doing business and wishes to be dissolved.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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Signatures of each general partner or the person appointed pursuant to s. 620.1803(5) or (6), F.S.:

Fidelitas Medical IT-Solutions Management Corp.,
General Partner

By: _____
Name: ~~Anderson Kalka~~ Günther Kalka
Title: President

| | |
|---|---|
| **Filing Fee:** | **$52.50** |
| **Certified Copy (optional):** | **$52.50** |
| **Certificate of Status (optional):** | **$8.75** |

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