

A03000001803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

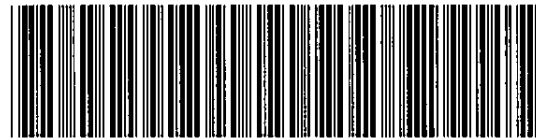
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/13/09--01005--014 \*\*61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 13 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2009

JACK PINES, M.D.  
2500 EAST HALLANDALE BEACH BLVD.,  
PENTHOUSE 2  
HALLANDALE, FL 33009-4863

SUBJECT: SOUTH FLORIDA UROLOGY MANAGEMENT, LTD.  
Ref. Number: A03000001803

We have received your document for SOUTH FLORIDA UROLOGY MANAGEMENT, LTD. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 309A00006067

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution- South Florida Urology Management, LTD.  
(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:

Ms. Toni Kelly

(Contact Person)

South Florida Urology Management, LTD  
c/o Uro-Medix (Firm/Company)

2500 East Hallandale Beach Boulevard, Penthouse 2

(Address)

HALLANDALE, FL 33009-4863

(City, State and Zip Code)

For further information concerning this matter, please call:

Ms. Toni Kelly

(Name of Contact Person)

at ( 954 ) 748-4771

(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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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

SOUTH FLORIDA UPOLOGY MANAGEMENT, LTD

(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 December, 2003, assigned Florida document number A03000001803, hereby submits this Certificate of Dissolution.

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

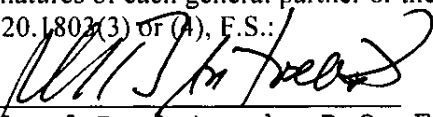
Parent company sold; this subsidiary no longer valid or  
necessary

**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.)

Signatures of each general partner or the person appointed pursuant to  
s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
Richard B. Antosek, D.O., FACOS  
Vice President/Secretary

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

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TALLAHASSEE, FLORIDA

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

SOUTH FLORIDA UROLOGY MANAGEMENT, LTD

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

South Florida Urology Management, LTD  
c/o Uro-Medix  
Penthouse 2  
2500 East Hallandale Beach Boulevard  
Hallandale, FL 33009-4863


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TALLAHASSEE, FLORIDA

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A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Richard B. Antosek, D.O., FACOS  
Printed Name

  
Signature

Secretary/Vice President

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**