

A12000000445

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : 120010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

**DISS/TERM/CANCEL/REV OF LP/LLP
PHYSIORITE, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

RECEIVED

2018 JUL 26 PM 12:28

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K. SALY

JUL 27 2018



July 20, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PHYSIORITE, LLLP
201 TAMiami TRAIL SOUTH, SUITE 2
NOKOMIS, FL 34275

SUBJECT: PHYSIORITE, LLLP
REF: A12000000445

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only on document per filing. The dissolution & notice of dissolution can be filed together, but the Termination document must be filed after the dissolution, seperatly.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000208433
Letter Number: 418A00014915

P.O BOX 6327 - Tallahassee, Florida 32314

H180002084333

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18 JUL 26 AM 9:15
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TALLAHASSEE, FLORIDA

CERTIFICATE OF DISSOLUTION
FOR
PHYSIORITE, LLLP
A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of Section 620.1203 of the Florida Statutes, this Florida limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 2, 2012, assigned Florida document number A12000000445, hereby submits this Certificate of Dissolution.

1. Reason for dissolution: the consent of all general partners and of all limited partners.
2. A Notice of Dissolution is attached.
3. The dissolution shall be effective on the date that this Certificate of Dissolution is filed and accepted by the Florida Department of State.

Dated: July 19, 2018

GENERAL PARTNER

QUALITIS HEALTHCARE SOLUTIONS, LTD.,
a UK Company

By: _____

David J. Bardoe-Pout
DAVID J. BARDOE-POUT

H 18 000 208 4333

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TALLAHASSEE, FLORIDA

**Notice of Dissolution for
Florida Limited Liability Limited Partnership**

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

Name of Dissolved Limited Liability Limited Partnership: PHYSIORITE, LLLP.

Description of information that must be included in a written claim:

- Name, address, and phone number of claimant (or claimant's authorized representative).
- Amount of claim.
- Reason for/Nature of claim.
- Date and location of incident resulting in claim.

Mailing address where claims can be sent:

Qualitis Healthcare Solutions, Ltd.
Riverside Barns, Remenham Church Lane
Henley on Thames
Oxfordshire, UK RG9 3DB GB

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

GENERAL PARTNER

QUALITIS HEALTHCARE SOLUTIONS, LTD.,
a UK Company

By:


DAVID J. BARDOE-POUT

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