

A27141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

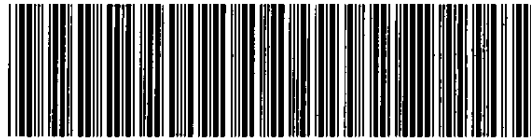
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 26 PM 1:11

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T. CLINE

AUG 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMSA Limited Partnership
(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:

J. Scott King
(Contact Person)
Prison Health Services, Inc.
(Firm/Company)
105 Westpark Drive, Suite 200
(Address)
Brentwood, TN 37027
(City, State and Zip Code)

For further information concerning this matter, please call:

J. Scott King at (615) 376-1323
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

EMSA Limited Partnership

(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 9/30/1988, assigned Florida document number A27141, hereby submits this Certificate of Dissolution.

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

Consent of the general partner and the limited partner to dissolve the partnership.

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

THIRD: Effective date, if other than the date of filing: 8/31/09

(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.:

Michael W. [Signature]
Executive Vice President & CFO,

Prison Health Services, Inc. - General Partner

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:

EMSA Limited Partnership

Description of information that must be included in a claim:

Name and address of claimant.

Reasonable description of the claim being asserted.

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

Prison Health Services, Inc.

105 Westpark Drive, Suite 200

Brentwood, TN 37027

Attn.: General Counsel

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:

MICHAEL W TAYLOR
Printed Name

Michael W Taylor
Signature
Executive VP + CFO, Prison Health Services, Inc. - General Partner

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

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TALLAHASSEE, FLORIDA

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