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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY 31 PM 2:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferred Medical Group 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:

Lisa McNamara
(Contact Person)

(Firm/Company)

9140 Corsea del Fontana Way
(Address)

Naples FL 34109
(City, State and Zip Code)

For further information concerning this matter, please call:

Lisa McNamara at (239) 597-2010
(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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DIVISION OF CORPORATIONS
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**CERTIFICATE OF DISSOLUTION
FOR**

Preferred Medical Group LP

(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 4-18-1997, hereby submits this Certificate of Dissolution.

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

Ceased doing business

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

THIRD: Effective date, if other than the date of filing: May 31, 2007

(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.:

Don Holton

Don Holton

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

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DIVISION OF CORPORATIONS

**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:

Preferred Medical Group, L.P.

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.)

9140 Corsea del Fontana Way
Naples FL, 34109

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:

Don Holton
Printed Name

Don Holton
Signature

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

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