

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000269087 3)))



H080002690873ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 AM 10:52

FILED

RECEIVED

08 DEC -8 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP

PANHANDLE PHYSICIAN PRACTICES, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

A. LUNT

DEC -9 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**CERTIFICATE OF DISSOLUTION
FOR**

Panhandle Physician Practices, 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 06/12/1997, assigned Florida document number A97000001298, hereby submits this Certificate of Dissolution.

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

The partnership is no longer transacting business in the State of Florida.

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.:

GP: North Florida Division Practice, Inc.
By: [Signature]
Vice President of General Partner

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 AM 10:52

FILED