

A9700000001300

Florida Department of State

Division of Corporations

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EXAMINER

**CERTIFICATE OF DISSOLUTION
FOR**

Tallahassee 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 A97000001300, 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: Dora A. Blaudman
Vice President of General Partner

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Certificate of Status (optional):	\$8.75

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