

L00000000/499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

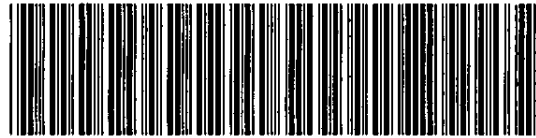
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 JUN 29 P 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



VIA Federal Express  
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June 26, 2007

Secretary of State  
Corporations Division  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: *Orlando Lithotripters, L.L.C.*

Dear Sir:

Enclosed please find our check in the amount of \$60.00 payable to the Florida Department of State which we understand is the filing fee for recording the enclosed Articles of Dissolution, obtaining a certified copy and receiving a Certificate of Status.

If at all possible, we would appreciate your returning the recorded document to our attention via Federal Express. An airbill is enclosed for this purpose.

Should you have any questions, please contact the undersigned at 407-975-1413.

Sincerely,

A handwritten signature in black ink, appearing to read "T.L. Trimble".

T.L. Trimble, Vice President  
Legal Services

TLT/mkl

Enclosures (3)

\\LEGAL\HOS\SOS FL 062607 Orlando Lithotripters LLC.doc

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORLANDO LITHOTRIPTERS, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

T. L. TRIMBLE  
(Name of Person)  
ADVENTIST HEALTH SYSTEM  
(Firm/Company)  
111 N. ORLANDO AVENUE  
(Address)  
WINTER PARK, FL 32789  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

T. L. TRIMBLE at (407) 975-1413  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

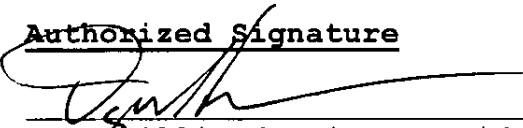
**ARTICLES OF DISSOLUTION  
FOR  
ORLANDO LITHOTRIPTERS, L.L.C.  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Orlando Lithotripters, L.L.C. (Document Number L00000001499).
2. The Articles of Organization were filed on February 10, 2000.
3. The Board of Managers and the Members approved the dissolution on June 11, 2007, and June 21, 2007, respectively. The effective date of the dissolution is June 30, 2007 at Midnight, EST.
4. The occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, *Florida Statutes*: The occurrence of an event specified in the Operating Agreement of Orlando Lithotripters, LLC, namely, an affirmative vote of a majority of the members of the Board of Managers.
5. Adequate provision has been made for the debts, obligations and liabilities of Orlando Lithotripters, L.L.C. pursuant to *Florida Statutes* 608.4421.
6. All remaining property and assets of Orlando Lithotripters, L.L.C. have been distributed among Members in accordance with their respective rights and interests.
7. There are no suits pending against Orlando Lithotripters, L.L.C.
8. Signatures of the Members having the same percentage of membership interests necessary to approve dissolution of Orlando Lithotripters, L.L.C.

**Member**

Adventist Health System/  
Sunbelt, Inc. d/b/a  
Florida Hospital  
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**Authorized Signature**

  
Doug Hilliard, Vice President

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TALLAHASSEE, FLORIDA

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