

100000004045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

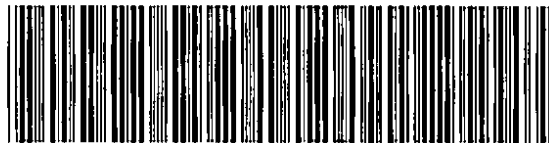
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -3 AM 11:40

M. MILLIGAN
AUG 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2017

DEBORAH SAING LOUIS
10008 NORTH DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: CMS HEALTHCARE ACQUISITION, LLC
Ref. Number: L00000004045

We have received your document for CMS HEALTHCARE ACQUISITION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00014853

August 1, 2017

USPS COMMUNICATION

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

Re: Dissolution of CMS Healthcare Acquisition, LLC

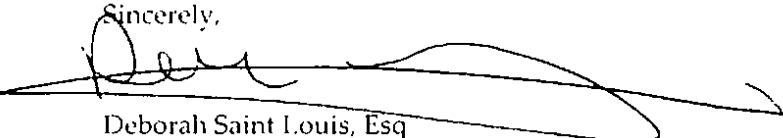
To Whom it May Concern:

Thank you for your July 24th letter requesting more information for the Notice of Dissolution. I have removed this notice from the filing and would like to proceed with the Dissolution of CMS Healthcare Acquisition, LLC. I've enclosed the "Articles of Dissolution for a Limited Liability Company".

Please note that check # 5609 in the amount of \$55.00 was received by the state with the initial Articles of Dissolution and is still in the possession of the Florida Department of Corporation.

Should you require additional information please do not hesitate to contact me, and thank you for your kind assistance in this process. It is appreciated.

Sincerely,



Deborah Saint Louis, Esq
Administrator, Regulatory Affairs
Office: 813-388-4118
Facsimile: 813-388-4001
dsaintlouis@healthintegrated.com

Encls.

RECEIVED
2017 AUG -3 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMS Healthcare Acquisition, LLC
(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:

Deborah Saint Louis

(Name of Person)

Health Integrated, Inc

(Firm/Company)

10008 North Dale Mabry Hwy

(Address)

Tampa, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Saint Louis at 813 388-4118

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -3 AM 11:40

1. The name of a limited liability company is

CMS Healthcare Acquisition, LLC

2. The Articles of Organization were filed on 4/10/2000 and assigned

document number L00000004045

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Vote/consent of members of the limited liability company

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Sam D. Toney, MD

Printed Name

FILING FEE: \$25.00