

**ADVENTIST**  
HEALTH SYSTEM

L000000014724

December 8, 2000

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

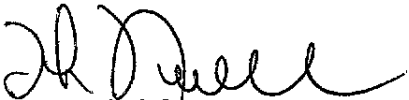
100003500201--2  
-12/13/00--01093--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

**RE: AHS Imaging Services, L.L.C.**

Dear Madam:

Enclosed please find the Articles of Dissolution for AHS Imaging Services, L.L.C., together with our check in the amount of \$55.00 which we understand is the fee for filing the Articles of Dissolution (\$25.00) and obtaining a certified copy (\$30.00).

Sincerely,



T. L. Trimble  
Vice President, Legal Services

TLT/jlf  
Enclosures

i:\legal\ahss\ss120800.doc

FILED  
00 DEC 13 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

L00-14724  
AK

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is AHS Imaging Services, L.L.C.
2. The effective date of the limited liability company's dissolution is December 12, 2000
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Pursuant to Fla. Stat. § 608.441(c), upon the occurrence of events  
specified in the Operating Agreement, namely, a failure to hold an  
organizational meeting by December 7, 2000.

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

T. L. Trimble

Typed or Printed name

T. L. Trimble

Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO DEC 13 PM 5:00

FILED

**Filing Fee: \$25.00**