

**L00000015741**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

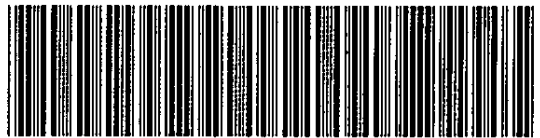
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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03/09/10--01021--014 \*\*60.00

FILED  
2010 MAR -9 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 10 2010

EXAMINER



March 8, 2010

VIA UPS

Florida Department of State  
Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

UPS Address:  
Clifton Building  
2661 Execute Center Circle  
Tallahassee, FL 32301

RE: Dissolution filings

Sir/Madam:

Included with this letter are two checks representing the filing fees for each of the Articles of Dissolution for the below listed Florida domestic limited liability companies. Please process these dissolutions and provide me with Certificates of Dissolution for each. If you have any questions, or require anything further on my part at this time, please contact me directly at 904-805-1271.

Check Number 22347 in the amount of \$210 in payment for:

Belle Glade Emergency Physicians, LLC  
Comprehensive Hospitalist Services of Florida, LLC  
EDCare of Florida, LLC  
Pasco Emergency Physicians, LLC  
Perry Emergency Physicians, LLC  
Tarpon Springs Emergency Physicians, LLC  
Vaughn Emergency Physicians, LLC

Check Number 22344 in the amount of \$60 in payment for:

Dade County Emergency Pediatrics, LLC  
Jesup Emergency Services, LLC

Your cooperation and consideration in this matter is very much appreciated.

Sincerely

*Leslie Carzoli*

Leslie Carzoli  
Senior Paralegal

Enc:

9 Articles of Dissolution, 2 checks

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dade County Emergency Pediatrics, 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:

Leslie Carzoli

(Name of Person)

Hospital Physician Partners

(Firm/Company)

6400 Atlantic Boulevard

(Address)

Jacksonville, FL 32211

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Carzoli

(Name of Person)

at ( 904 ) 805-1271

(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  
A LIMITED LIABILITY COMPANY

FILED  
2010 MAR -9 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Dade County Emergency Pediatrics, LLC

2. The Articles of Organization were filed on December 19, 2000 and assigned document number  
L00000015741

3. The date the dissolution was approved: January 1, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Ceased business operations.

5. 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.

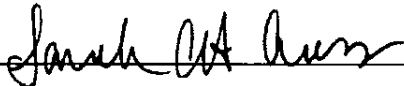
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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



Printed Name

Sarah C.H. Crass, Vice President

For Member:

Sterling Group Physician Services, LLC