

W010000003899

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HILL WARD HENDERSON  
Account Number : 072100000520  
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Fax Number : (813) 200-5995

FILED  
19 JUL 25 AM 11:11  
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
SOUTHWEST FLORIDA PHYSICIANS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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EXAMINE

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ARTICLES OF DISSOLUTION  
OF  
SOUTHWEST FLORIDA PHYSICIANS, LLC  
(L01000003899)

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ARTICLE I

The name of the limited liability company is SOUTHWEST FLORIDA PHYSICIANS, LLC (the "Company").

ARTICLE II

The Articles of Organization was filed on March 13, 2001 and assigned document number L01000003899.

ARTICLE III

The effective date of the Company's dissolution is July 31, 2019.

ARTICLE IV

The Company is being dissolved pursuant to the Action by Written Consent of the Board of Managers and requisite number of Members required to approve the dissolution of the Company pursuant to the terms of its Operating Agreement.

  
Cathy Blanchard, Authorized Person

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CLERK OF COURT  
JUL 25 2019

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### Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SOUTHWEST FLORIDA PHYSICIANS, LLC

Document number of Limited Liability Company is: L01000003899

Date of dissolution was: JULY 31, 2019

Description of information that must be included in a written claim:

If you feel that you have a possible claim, please contact in writing  
the person below with a detailed description of the nature and amount  
of the asserted claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Lee Anderson, MD  
590 Palm Circle West  
Naples, FL 34102

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CATHY BLANCHARD

Printed Name of the Person Filing

Cathy Blanchard  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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