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C. LEWIS

MAR 1 0 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vaughn Emergency Physicians, LLC (Name of Limited Liability Company)
(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 Blvd
(Address)
Jacksonville, FL 32211
(City/State and Zip Code)
For further information concerning this matter, please call:
Leslie Carzoli at (904) 805-1271
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) \$55.00 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 H: 28

TALLAHASSEE, FLORIUM
and assigned document number
ny's dissolution pursuant to section
mpany have been paid or discharged. and liabilities pursuant to s. 608.4421. mbers in accordance with their respective judgment, order or decree which may be
ests necessary to approve the dissolution:
Printed Name ah C.H. Crass, Vice Presiden
Member:
Care Management, Inc.
pare Management, Inc.