

L02000012756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

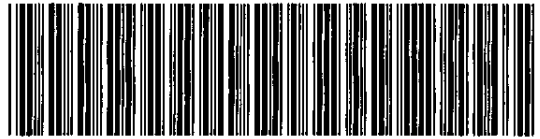
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas FEB 26 2008



HealthTronics.

Via FedEx:

February 22, 2008

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

*Rc: Articles of Dissolution for a Limited Liability Company,
West Florida Urology Associates, LLC*

Dear Sir or Madam:

Enclosed herein please find the Articles of Dissolution for West Florida Urology Associates, LLC and check # 150792 for \$30.00. We also would like to request a stamped filed copy send back to us.

Please use the self addressed envelope for the stamped filed copy or mail to:

HealthTronics, Inc.
1301 Capital of Texas Highway, Suite C-102
Attn: Ernest Rodriguez
Austin, Texas 78746

If you have any questions, please call me directly at 512.314.4546 or by email @ Ernesto.Rodriguez@HealthTronics.com.

Respectfully

Ernest Rodriguez
Legal Assistant

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST FLORIDA UROLOGY ASSOCIATES, 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:

Ernesto Rodriguez, Legal Assistant

(Name of Person)

HealthTronics, Inc.

(Firm/Company)

1301 Capital of Texas Highway Suite C-102

(Address)

Austin, Texas 78746

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ernesto Rodriguez

(Name of Person)

at (512) 314-4546

(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**

1. The name of a limited liability company is

WEST FLORIDA UROLOGY ASSOCIATES, LLC

2. The Articles of Organization were filed on 05/24/2002 and assigned document number L02000012756

3. The date the dissolution was approved: 02/20/2008

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).

The determination by the Managing Member that the company shall be dissolved according to the operating agreement of West Florida Urology Associates, LLC.

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.

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FLORIDA
SECRETARY OF STATE

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

Signature



Printed Name

Kari Smith, Assistant Secretary,
Integrated Hearing Services, Inc.
it's Managing Member