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GLAZER & GLAZER, P.A. FIFTH FLOOR 2999 N.E. 191st STREET AVENTURA, FLORIDA 33180		
(Ad	dress)	
(Ĉi	ty/State/Zip/Phone	÷#)
PICK-UP	TIAW	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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OD3 APR 22 PM 1: 13

W03-10869 J. BRYAN APR 1 6 2003

LAW OFFICES

GLAZER & GLAZER, P.A.

FIFTH FLOOR CONCORDE CENTRE II 2999 N.E. 191st STREET AVENTURA, FLORIDA 33180

NEIL S. GLAZER" JOSEPH J. GLAZER (1911-1991) MEMBER FL & NY BARS

April 7, 2003

DADE: (305) 931-7228 BROWARD: (954) 458-1094 FAX: (305) 931-3774

Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

RE: ARTICLES OF DISSOLUTION FOR PINES WEST FAMILY MEDICINE, LLC.

Gentlemen:

Enclosed please find my check in the sum of \$35.00 for the filing fee for the enclosed Articles of Dissolution. If you need additional information, kindly advise.

For your information I am enclosing a copy of the Corporation Report which, of course, will not now be needed to be filed.

Very truly yours,

GLAZER & GLAZER, P.A.

NSG/agg

enclosure



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 16, 2003

GLAZER & GLAZER, P.A. 2999 NE 191ST STREET, 5TH FL AVENTURA, FL 33180

SUBJECT: PINES WEST FAMILY MEDICINE, LLC

Ref. Number: W03000010869

We have received your document for PINES WEST FAMILY MEDICINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You filled out the form to dissolve a corporation not a Limited Liability Company.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 303A00022826

Joey Bryan Document Specialist THIS APR 22 PM 1: 13
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LAW OFFICES

GLAZER & GLAZER, P.A.

FIFTH FLOOR
CONCORDE CENTRE II
2999 N.E. 191st STREET
AVENTURA, FLORIDA 33180

NEIL S. GLAZER*
JOSEPH J. GLAZER (1911-1991)
*MEMBER FL & NY BARS

. DADE: (305) 931-7228 BROWARD: (954) 458-1094 FAX: (305) 931-3774

April 21, 2003

Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

RE:ARTICLES OF DISSOLUTION FOR PINES WEST FAMILY MEDICINE, LLC

Gentlemen:

Enclosed please find Articles of Dissolution for the above limited liability company. I have previously paid \$35.00 as is shown by copy of your letter enclosed. Please also return a Certificate of Status acknowledging that the limited liability company has been dissolved. As you have \$35.00, there is more than enough for the fees. Please remit any balance due to me.

Very truly yours,

GLAZER & GLAZER, P.A.

NSG/agg enclosure

C VFILES/DISSOLUT.ELY

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	PINES WEST FAMILY MEDICINE, LIC		
2. The effective date of the limited liability compa	my's dissolution is March 28, 2003		
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).			
The written consent of all members	of the limited liability company.		
-OR-	ted liability company have been paid or discharged. ts, 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 -OR-	y in any court.		
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 percendissolution:	ntage of membership interests necessary to approve the		
Signature	Typed or Printed name		
Elips of Story DO.	Elyse H. Glazer, D.O.		

Filing Fee: \$25.00