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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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Physicians Healthcare Neworks, LLC Lisa R. Di Sarro Sole Managing Member 7935 Preserve Circle #434 Naples FL 34119 239-596-5756 239-370-2604

Please see attached Articles of Dissolution for the purpose of the misspelling of the LLC name. Please call above numbers with any questions. Thank You

03 MAY 28 PM 1: 25

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is PHYSICIANS HEALTHCARE NEWOR
2. The effective date of the limited liability company's dissolution is $\frac{4/22/03}{}$
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).
Mis-spelling of the word: NEWORKS.
We Are Already Registered AS: PHYSICIANS HEALTHCARE NetwORKS, C
4. CHECK ONE: ☐ All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- ☐ Adequate provision has been made for the debts, 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 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 Typed or Printed name Light Sarks Light Sarks Light Sarks Typed or Printed name

Filing Fee: \$25.00