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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tostitute For Excellence In Emergency Medicine, L.L. (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Barbara Schwartz (Name of Person) (Firm/Company)		
(Firm/Company)		
4354 Avocado Blud (Address)		
Royal Palm Beach, FL 33411 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Barbara Schwartz at (561) 792.1249 (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 S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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	
Institute For Excellence In Fr	nergency Medicine, L.L.C.
2. The Articles of Organization were filed on Navemb	er aa, acoa and assigned document number
3. The date the dissolution was approved: November 4. A description of occurrence that resulted in the limited	iability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover	
Resignation of both memb	ers
Executive Director	7.
5. CHECK ONE:	
6. All remaining property and assets have been distributed rights and interests.	s, obligations and liabilities pursuant to s. 608.4421.
7. CHECK ONE:	
There are no suits pending against the company -OR- Adequate provision has been made for the satisfence entered against it in any pending suit.	faction of any judgment, order or decree which may be
Signatures of the members having the same percentage of mer	nbership interests necessary to approve the dissolution:
Signature	Printed Name
	Barbara Schwartz
Skery Turcotte	SHERRY TURCOTTE