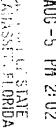
L03000025849

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	



100030264721







ACCOUNT NO. : 07210000032

REFERENCE : 834034 7385865

AUTHORIZATION : C

COST LIMIT : \$ 25.00

ORDER DATE: August 4, 2004

ORDER TIME : 10:25 AM

ORDER NO. : 834034-005

CUSTOMER NO: 7385865

CUSTOMER: Mr. Haywood Hullender

Mr. Haywood S. Hullender

2650 Alice Blvd.

Kissimmee, FL 34746

DOMESTIC FILINGS

NAME: MID FLORIDA MEDICAL, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

	Ec E
1. The name of the limited liability company is	
MID FLORIDA MEDIC	AL, uc
2. The date the dissolution was approved: 1/4/04	The state of the s
3. A description of the occurrence that resulted in the lin section 608.441, Florida Statutes, (copy of 608.441 or	
CORPORATION DID NOT	BEGIN SPERATION
CORPORATION DID NOT DUE TO LISCONSING IS	SUES.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liab -OR- Adequate provision has been made for the debts, oblig 	
 All remaining property and assets have been distribute respective rights and interests. 	•
6. CHECK ONE: There are no suits pending against the company in any OR-	court.
Adequate provision has been made for the satisfaction be entered against it in any pending suit.	of any judgment, order or decree which may
Signatures of the members having the same percentage the dissolution:	of membership interests necessary to approve
Signature	Typed or Printed name
10 Hullende	HAYWOOD S. HUllENDER
	,

Filing Fee: \$25.00