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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

05 MAR -2 PM 1:47

FILE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Labe Purans Office Family Healthcare 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:

(Name of Person)

David V. Glorius, DO
PO Box 771025
Ocala, FL 34477-1025

|||||

(City/State and Zip Code)

For further information concerning this matter, please call:

David V. Glorius
(Name of Person)

at (752) 208-7999
(Area Code & Daytime Telephone Number)

09 MAR -2 PM 1:17
FBI
TALLAHASSEE
FLORIDA

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)

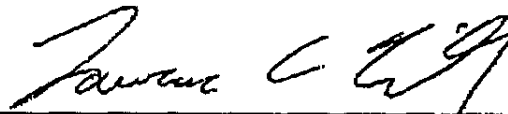
☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Lawrence C. Till, hereby resign as a member of Lake Panasoffkee Family Healthcare, LLC, a limited liability company organized under the laws of the State of Florida, and affirm that the limited liability company has been notified in writing of the resignation.


(signature of resigning member)

Mail, with \$25 check payable to Florida Department of State,
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILE
05 MAR -2 PM 1:47
TALLAHASSEE, FLORIDA

Lawrence C. Till
P.O. Box 1212
St. Augustine, FL 32085

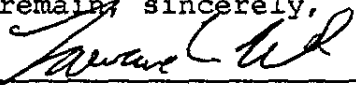
David V. Glorius, Member
Lake Panasoffkee Family Healthcare, LLC
1283 County Road 463-B
Lake Panasoffkee, FL 33538

Dear Mr. Glorius:

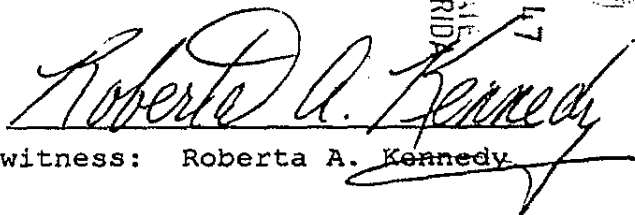
This letter is to confirm that I am resigning from Lake Panasoffkee Family Healthcare, LLC, effective 3/24/04. I enclose two original, signed copies of this letter; please sign one original and return it to me. By your signature below you confirm the following.

1. As the sole member of Rural Health Networks of Florida, LLC, your signature confirms your consent, as defined in Section 3.3 of the Operating Agreement of Lake Panasoffkee Family Healthcare, LLC ("the LLC"), to my resignation from the LLC and receipt of the attached Resignation of Member, Managing Member or Manager notification.
2. I transfer my 50 Membership Units in the LLC and associated Capital Account to you, as the only remaining member of the LLC. At the time of my resignation from the LLC my Capital Account included
 - my Initial Capital Contribution of \$12,000, as specified in Exhibit A of the Operating Agreement of the LLC, plus
 - Additional Capital Contributions of \$1,000 on 1/19/04 and \$2,000 on 2/2/04, as specified in Section 5.1(b) of the Operating Agreement of the LLC; and in addition
 - I have not received reimbursement from the LLC for out-of-pocket expenditures of \$400 on 2/27/04 and \$400 on 3/11/04 for direct payroll expenses of the LLC.Therefore my Adjusted Capital Account as of 3/24/04 had a positive balance. I am not responsible for any debts or losses of the LLC, as specified in Section 5.4 of the Operating Agreement of the LLC.
3. My settlement with Patricia Cheston/Panasoffkee Family Healthcare Inc. (re: case #2004 SC 000239 in the county court of the Fifth Judicial Circuit of Sumter County, Florida), including payments due from the LLC for January through May 2004, in no way obliges me to pay further debts for the LLC to Patricia Cheston or Panasoffkee Family Healthcare Inc.

I remain, sincerely,



Lawrence C. Till



witness: Roberta A. Kennedy



David V. Glorius, member, Lake Panasoffkee Family Healthcare, LLC

Enclosure (2)