

W03 0000 53542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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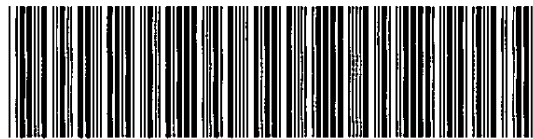
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

MAR 13 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2009

JACK PINES, M.D.  
2500 EAST HALLANDALE BEACH BLVD.,  
PENTHOUSE 2  
HALLANDALE, FL 33009-4863

SUBJECT: SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C.  
Ref. Number: L03000053542

We have received your document for SOUTH FLORIDA UROLOGY MANAGEMENT G.P., L.L.C. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 709A00006066

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dissolution- South Florida Urology Management, GP, 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:

Jack Pines, M.D. c/o Uro-Medix  
(Name of Person)  
SOUTH FLORIDA UROLOGY MANAGEMENT, GP, LLC  
(Firm/Company)  
2500 East Hallandale Beach Boulevard, Penthouse 2  
(Address)  
Hallandale, FL 33009-4863  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ms. Toni Kelly at (954) 748-4771  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

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SECRETARY OF STATE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SOUTH FLORIDA UROLOGY MANAGEMENT, G.P., L.L.C

2. The Articles of Organization were filed on December 2003 and assigned document number  
Lo3000053542

3. The date the dissolution was approved: January 1, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Parent company sold; this entity no longer required.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.442.

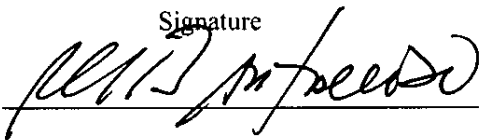
6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

7. **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



Printed Name

Richard B. Antosek, D.O., F.A.C.O.S  
Vice President/Secretary