

L040000004101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

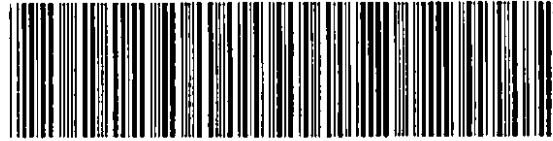
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300336919473

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/12/13 BY 60322

FILED

NOV 1 2013

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/12/2019

Acc#I20160000072

W: C SW

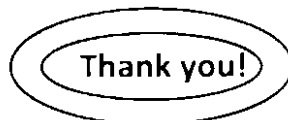
Name:	Spinal Disorder and Pain Treatment Institute, LLC (FL)
Document #:	
Order #:	12398522

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	25.00
------------	-------



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spinal Disorder and Pain Treatment Institute, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ceci Estill

Name of Person

c/o Spinal Disorder and Pain Treatment Institute, LLC

Firm/Company

One Park Plaza - Legal Dept.

Address

Nashville, TN 37203

City/State and Zip Code

shirley.scharf@hcahealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill

Name of Person

at (615)

Area Code

344-2994

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E141 (12/13)

FILED

2019 NOV 12 A 10:48

STATEMENT OF TERMINATION

TALLAHASSEE, FLORIDA

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: _____

Spinal Disorder and Pain Treatment Institute, LLC

SECOND:

The date of filing of the initial articles of organization is: 1/15/2004.

THIRD: The date of filing of the dissolution is:

11-11-2017.

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline

Signature of Authorized Representative

Natalie H. Cline

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)