

L040000007393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

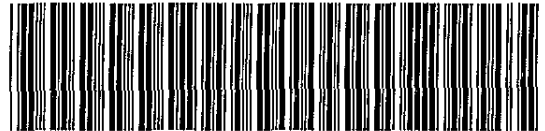
(Business Entity Name)

(Document Number)

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FILED
2005 DEC 27 PM 12:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 28 2005

J. BRYAN APR - 7 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake City Emergency Physicians, 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:

Susan Greco
(Name of Person)

EDCare Management, Inc.
(Firm/Company)

3107 Stirling Road, Suite #101
(Address)

Fort Lauderdale, Florida 33312
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JMS

For further information concerning this matter, please call:

Susan Greco at (954) 981-6383
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 7, 2005

SUSAN GRECO
EDCARE MANAGEMENT, INC.
3107 STIRLING ROAD, SUITE #101
FORT LAUDERDALE, FL 33312

SUBJECT: LAKE CITY EMERGENCY PHYSICIANS, LLC
Ref. Number: L04000007393

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2005 DEC 27 PM 12:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LAKE CITY EMERGENCY PHYSICIANS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 305A00023860

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

FILED
2005 DEC 27 PM 12:01
QUICK COPY CORPORATIONS
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is

Lake City Emergency Physicians, LLC

2. The date the dissolution was approved: March 17, 2005

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

No activity

4. **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. 608.4421.

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

6. **CHECK ONE:**

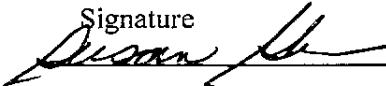
☒ There are no suits pending against the company in any court.

-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



Typed or Printed name

SUSAN G. GREW

COMPANYS
SECRETARY