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COVER LETTER

TO:								
CUDY	e c r.	EMED	CHART P/M, LLC					
SUBJ	SUBJECT: (Name of Limited Liability Company)							
			·					
		Р	ABLO E DELGADO					
			(Name of Person)					
	PABLO E DELGADO MD PA							
	(Firm/Company)							
		89	950 NORTH KENDALL DRIVE #403					
		PABLO E DELGADO (Name of Person) PABLO E DELGADO MD PA (Firm/Company) 8950 NORTH KENDALL DRIVE #403 (Address) MIAMI, FL 33176 (City/State and Zip Code) Ormation concerning this matter, please call: USIE GARCIA (Name of Person) (Area Code & Daytime Telephone Number) Pablo E DELGADO MD PA (Firm/Company) 8950 NORTH KENDALL DRIVE #403 (Address) MIAMI, FL 33176 (City/State and Zip Code)						
		r	MIAMI, FL 33176					
	(Name of Limited Liability Company) closed Articles of Dissolution and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: PABLO E DELGADO (Name of Person) PABLO E DELGADO MD PA (Firm/Company) 8950 NORTH KENDALL DRIVE #403 (Address) MIAMI, FL 33176 (City/State and Zip Code) Ther information concerning this matter, please call: SUSIE GARCIA (Name of Person) at (305 596-3898 (Area Code & Daytime Telephone Number) and is a check for the following amount: Of Filing Fee X 30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building							
For fu	ther infor	mation concerning this matter, plea	ise call:					
SUSIE GARCIA		SIE GARCIA	at (305) 596-3898					
		(Name of Person)						
Enclose	ed is a chec	k for the following amount:						
\$25.0	00 Filing F		Certified Copy Certificate of Status & Certified Copy					
		Division of Corporations	Division of Corporations					
		Tallahassee, FL 32314						

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compa	•			
2. The Articles of Organization were filed L04 6000 38638	•	0 4 a	nd assigned docume	nt number
3. The date the dissolution was approved:				
4. A description of occurrence that resulte 608.441, Florida Statutes, (copy 608.44 INACTIVE BUSINESS	ed in the limited liability I on back cover letter).	company.'s dissol	ution pursuant to sec	ction
5. CHECK ONE: X All debts, obligations and liabi OR- Adequate provision has been n	nade for the debts, obliga	ations and liabilities	es pursuant to s. 608	.4421.
All remaining property and assets have rights and interests.	been distributed among	its members in ac	cordance with their	respective
7. CHECK ONE: X There are no suits pending aga OR- Adequate provision has been nentered against it in any pending	nade for the satisfaction		order or decree whic	h may be
natures of the members having the same p	percentage of membershi	p interests necessa	ry to approve the di	ssolution:
Samuel A			inted Name	
130	-	PABLO E D	ELGADO, M.D	<u>.</u>
	-			DIV.
***************************************	-			ECRE ISION
	-			TARY OF CO
	-			CHADRATH
	**************************************	^^		AII. ATTON