L04000071388

(Requestor's Name)		
(Address)		
(Address)		
(1-21-2-2)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		
,		

Office Use Only



100171594671

03/09/10--01021--015 **210.00



C. LEWIS MAR 1 0 2010 EXAMINER

COVER LETTER

Division of Corporations .			
SUBJECT: Perry 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:			
Leslie Carzoli			
(Name of Person)			
Hospital Physician Partners			
(Firm/Company)			
6400 Atlantic Blvd			
(Address)			
lackaonvilla El 22211			
Jacksonville, FL 32211 (City/State and Zip Code)			
(city/billio and 21p cital)			
For further information concerning this matter, please call:			
Leslie Carzoli at (904) 805-1271			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2010 MAR - 9 PM 12: 37
SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is Perry Emergency Physicians, LLC	SECRETARY OF SIMILAR TALLAHASSEE. FLORIDA
2. The Articles of Organization were filed on Septem L04000071388	nber 30, 2004 and assigned document number
3. The date the dissolution was approved: 4. A description of assumption that regularly in the limited.	
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove Ceased business operations.	er letter).
5. CHECK ONE:	
All debts, obligations and liabilities of the lim	ited liability company have been paid or discharged.
	ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compar	ny in any court.
	isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
- By Johns	Jeffrey Schillinger
	For Managing Member:
	EDCare Management, Inc.