

W4 0000 76244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

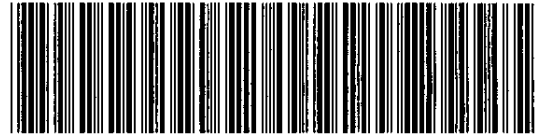
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800125739708

04/28/08--01050--014 \*\*25.00

2008 APR 28 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
APR 29 2008  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: TAMIAMI MEDICAL BILLING SERVICES, 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:

PATTI GIUNTA  
(Name of Person)

TAMIAMI MEDICAL BILLING SERVICES  
(Firm/Company)

2625 TAMIAMI TRAIL UNIT 4  
(Address)

PORT CHARLOTTE FL 33952  
(City/State and Zip Code)

2008 APR 28 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

PATTI GIUNTA at ( 941 ) 235-4646  
(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)

**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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is TAMIAMI MEDICAL BILLING SERVICES, LLC

2. The Articles of Organization were filed on 10/20/04 and assigned document number L04000076244

3. The date the dissolution was approved: 4-24-08

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).

THE MEMBERS HAVE MERGED THIS COMPANY WITH THEIR OTHER COMPANY - ADVANCED IMAGING TO MAKE JUST ONE.

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 section 608.4421.

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.

FILED  
2008 APR 28 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
[Handwritten Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
MIKE REISCHMANN  
W. TERRY LYNCH  
\_\_\_\_\_  
\_\_\_\_\_