L05000027285

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
.,		
	Office Use Only	



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12/24/08--01020--018 **30.00

OB DEC 24 PH IZ: 0

D. BRUCE

DEC 29 2008

EXAMINER

COVER LETTER

	ation Section n of Corporations
SUBJECT:	VIRTUAL HEALTH CONCEPTS, LLC (Name of Limited Liability Company)
The enclosed Art	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	ANDREW J. KOON M.D. (Name of Person)
-	(Firm/Company)
	15818 DAWSON RIDGE DRIVE STATES
-	15818 DAWSON RIDE DRIVE (Address) TAM PA / FLORIDA 33647 (City/State and Zip Code)
For further inform	mation concerning this matter, please call:
AN	(Name of Person) at (813) 903 - 9886 (Area Code & Daytime Telephone Number)
Enclosed is a check \$25.00 Filing Fe	ck for the following amount: ee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status: Certificate of Status: Certificate of Status & Certified Copy: (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS. STREET/COUDIED ADDRESS.

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

 The name of a limited liability company is 	
VIRTUAL HEALTH CONCEPTS	LLC
	•
2. The Articles of Organization were filed on	2005 and assigned document number
L05000027285	
-21.0	1,000
3. The date the dissolution was approved: 12/19	
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	
608.441 (c) written consent limited linbili	of all members of the
limited lipsili	y company
-	
	AR B
5. CHECK ONE:	SS: 7 2
()K-	ited liability company have been paid on discharged
Adequate provision has been made for the deb	ts, obligations and liabilities pursuan 608,4421.
All remaining property and assets have been distributed rights and interests.	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compan	y in any court.
OR-	sfaction of any judgment, order or decree which may be
entered against it in any pending suit.	staction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
11/	
Carlier Man M.D.	ANDREW J. KOON M.O.
- Charles Man M.D.	
	-