## #105000027617

(Requestor's Name)
(Address)
(Audiess)
(Address)
(City/Chata Zin/Ohana 40
(City/State/Zip/Phone #)
<b>—</b>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

DEC 29 2011 EXAMPLER DEC 29 2011



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2011

ASHWORTH MATTHEWS 3114 COMMERCE PKWY MIRAMAR, FL 33025

SUBJECT: PHYSICIAN CARE NETWORK, LLC

Ref. Number: L05000027617

We have received your document for PHYSICIAN CARE NETWORK, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A statement that all debts, obligations, and liabilities of the limited liability company have been paid or discharged or that adequate provision has been made therefore pursuant to section 608.4421, Florida Statutes, must be contained in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 211A00026126

Karen A Saly Regulatory Specialist II

www.sunbiz.org

Division of Companytions D.O. DOV 6207 Wellshames Elevide 2021

## **COVER LETTER**

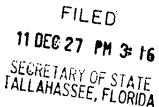
Registration Section

TO:

Dissolution and fee(s) are subrondence concerning this matter	_		
ondence concerning this matter			
	to the following:		
Ashworth Matthe	ews		
4)	lame of Person)	·	
(F	Firm/Company)		
3114 Co	mmerce Parkwa	ay	
Mi	(Address)	5	
		<u> </u>	
oncerning this matter, please ca	all:		
	at ( 954	331-6500 Ext. 1503	
(Name of Person)	(Area Code	& Daytime Telephone Number)	
following amount:			
30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADD Registration Section Registration Section		ation Section	
Box 6327	Division of Corporations Clifton Building		
	Ashworth Matthe  (No. 1997)  Ashworth Matthews  (City/Stroncerning this matter, please can be a shworth Matthews  (Name of Person)  following amount:    \( \sum_{30.00} \) Filing Fee & Certificate of Status    \( \sum_{30.00} \) Filing Fee & Certificate of Status    \( \sum_{30.00} \) Filing Fee & Certificate of Status    \( \sum_{30.00} \) Filing Fee & Certificate of Status	Miramar, FL 3302  (City/State and Zip Code)  concerning this matter, please call:  Shworth Matthews (Name of Person)  (Area Code  following amount:  S55.00 Filing Fee & Certified Copy (additional copy is expected to a comparison of Corporations)  LING ADDRESS:  tration Section con of Corporations  Miramar, FL 3302  (Area Code)  STREE  Registra  Division	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is Physician Care Network, LLC	
2. The Articles of Organization were filed on Mar L05000027617	ch 21, 2005 and assigned document number
3. The date the dissolution was approved: Noven	nber 10, 2011
	mited liability company's dissolution pursuant to section cover letter).
	n of the occurrence along with a copy of
the Board of Directors Minutes dis	ssolving the Company.
5. CHECK ONE:	
	e limited liability company have been paid or discharged.
Adequate provision has been made for th	e debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distrights and interests.	ibuted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con-	mpany in any court.
Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Saul M Meyer	PANCM. MEYER
Director, Managen,	
Member	
Kesmil J. Nedd	KENNEDIJ. NEDD
INECTUR, MEMBER MANAGER	

Attached is a copy of the Board Minutes of Physician Care Network LLC. The Board is given authority by the company's Operating Agreement with unanimous consent to dissolve the company which took place today, November 10, 2011.

The Operating Agreement also requires that liquidator be assigned to liquidate all assets and distribute to its creditors. The Operating Agreement also calls for the liquidation to orderly terminate the company's activities. Liquidators have been assigned per the Board Resolution.

The company's liabilities far exceed its assets. All assets will be distributed to creditors and no assets will be distributed to Members.

The state of the s

Paul N. Meyer

Director

Manager, Member

Kenneth I Nedd

Director

Manager, Member