L05000032638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baptist Cardiac and Vascular Institute Management Company, 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:

Carol Mascioli
(Name of Person)

Baptist Cardiac and Vascular Institute Management Company, LLC
(Firm/Company)

8900 North Kendall Drive
(Address)

Miami, Florida 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Mascioli at (786) 596-1960
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee and Certificate of Dissolution

☐ $55.00 Filing Fee, Certificate of Dissolution & 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

   Baptist Cardiac and Vascular Institute Management Company, LLC

2. The Articles of Organization were filed on 04/04/2005 and assigned

   document number L050000032638

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2015
   (effective date cannot be prior to or more than 90 days later than date document is received for filing)

   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

   Resolution of the Members of the Company pursuant to the Company's Operating Agreement on 04/02/2015.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Carol Mascioli, Secretary/Treasurer
Printed Name

FILING FEE: $25.00

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TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Baptist Cardiac and Vascular Institute Management Company, LLC

Document number of Limited Liability Company is: L050000032638

Date of dissolution was: 12/01/2015

Description of information that must be included in a written claim:

At a minimum, claim must include: name of vendor, date of service, description of service provided to the Company, amount of claim, copy of contract/invoice, contact information for vendor (name, address, phone number, fax and email), and Baptist vendor/PO id number.

Additional information may be required.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Carol Mascioli

Baptist Cardiac and Vascular Institute Management Company, LLC

8900 North Kendall Drive

Miami, Florida 33176

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Carol Mascioli
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00