

LO5000060451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

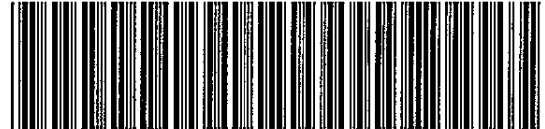
(Document Number)

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06 APR 10 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORTH FLORIDA HEART CLINIC LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHWINI K. DAVULURI  
(Name of Person)

NORTH FLORIDA HEART CLINIC LLC  
(Firm/Company)

9953 Watermark Lane W  
(Address)

JACKSONVILLE, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHWINI K. DAVULURI at ( 904 ) 449-4150  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2006

ASHWINI K. DAVULURI  
9953 WATERMARK LANE W  
JACKSONVILLE, FL 32256

SUBJECT: NORTH FLORIDA HEART CLINIC, LLC  
Ref. Number: L05000060451

We have received your document for NORTH FLORIDA HEART CLINIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 906A00021655

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

06 APR 10 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

NORTH FLORIDA HEART CLINIC LLC

2. The Articles of Organization were filed on 6/17/2005 and assigned document number

605000060451

3. The date the dissolution was approved: 3/23/2006

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).

There was no opportunity to establish  
cardiology  
a practice in the area due to heavy  
competition  
so the plan to establish a medical practice  
was abandoned.

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 s. 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.

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

Signature

Printed Name

Am K

ASHWINI K. DAVULURI