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COVER LETTER

	stration Section ion of Corporations	•	·	
SUBJECT:	Primary Medical Center (Name of I	of Spring Hill, LLC Limited Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are su	abmitted for filing.		
Please return a	all correspondence concerning this matt	ter to the following:		
-	Courtney Browning		071 SEC	
	(Name of Person) AHASS Delta Medical Care, Inc.		FEB 13 RETARY AHASSE	
	(Firm/Company) 2515 COUNTRYSIDE BLVD, SUITE C			
	CLEARWATER, FL 33	(Address)	70 N	
	(Cir	ty/State and Zip Code)		
For further infe	ormation concerning this matter, please	e call:		
COURTNEY BROWNING (Name of Person) at (727) (Area Code & Daytime Telephone Number)				
Enclosed is a ch ✓ \$25.00 Filing	reck for the following amount: 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	STREET/COURI Registration Section Division of Corpor	on	

P.O. Box 6327 Tallahassee, FL 32314 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 Primary Medical Center of Spring Hi 	lill, LLC
2. The Articles of Organization were filed on June L05000065211	and assigned document number
3. The date the dissolution was approved: January	y 31, 2007 $=$ \sim 0
	nited liability company's dissolution pursuant to section
	NTE RIDA
5. CHECK ONE:	
rights and interests. 7. CHECK ONE: There are no suits pending against the component of the component of the entered against it in any pending suit.	buted among its members in accordance with their respective inpany in any court. Estimate satisfaction of any judgment, order or decree which may be of membership interests necessary to approve the dissolution:
Signature	Printed Name
Husteen	Haider A Khan, MD