# L05000013535

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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: GAINESVILLE PATHOLOGY GROUP 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:

HOWARD W PATRICK CPA

(Name of Person)	
DAVIS MONK & COMPANY	
(Firm/Company)	
PO BOX 13494	
(Address)	
GAINESVILLE FL 32604	
. (City/State and Zip Code)	
For further information concerning this matter, please call:	
HOWARD W PATRICK CPA at 352 372-6300	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

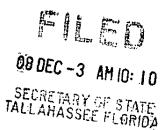
### MAILING ADDRESS:

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

# ARTICLEŞ OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is GAINESVILLE PATHOLOGY GROUP	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on JULY 2 L05000073535	27, 2005 and assigned document number
3. The date the dissolution was approved: DECEMB	ER 31, 2007
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	
5. CHECK ONE:	
-OR-	ited liability company have been paid or discharged.  ots, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distribute rights and interests.</li> </ol>	d among its members in accordance with their respective
7. CHECK ONE:  There are no suits pending against the compar -OR- Adequate provision has been made for the sati entered against it in any pending suit.	ny in any court.  Isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
O O Signature	Printed Name
CAROLINI,	CAROLYN M HOPKINS MD PA
(Chu I bowillow MM)	WILLIAM F HAMILTON MD PA
<del></del>	

FILING FEE: \$25.00