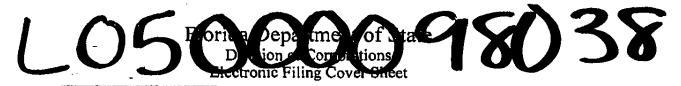
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000077276 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL BEACH PRIMARY CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	98 ०५
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR - 2 2014 J. HARRIS

### **COVER LETTER**

ECT: _	Beach Primary Care, LLC	
	(Name of Limited Liability Company)	
nclosed /	Articles of Dissolution and fee(s) are submitted for filing.	
return a	Il correspondence concerning this matter to the following:	
	Ceci Estill	_
	(Name of Person)	
	HCA Management Services, L.P.	
	(Firm/Company)	•
	One Park Plaza - Legal Dept.	
	(Address)	
	Nøshville, TN 37203	4 APR
	(City/State and Zip Code)	- 70 - <u></u>
rther info	ormation concerning this matter, please call:	her) 9
Ceci	Estill at (615 ) 344-2994	=
	(Name of Person) (Area Code & Daytime Telephone Num	ber)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

X \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Capy (additional copy is enclosed)

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 con Beach Primary Care, LLC	pany is		· · · · · · · · · · · · · · · · · · ·	
2.	. The Articles of Organization were document number L05000098038	filed on	10/04/2005	and assigned	
3.	. The delayed effective date the diss	olution if not e	ffective on the date of (	iling:	_
4.	A description of occurrence that re 605.0707, Florida Statutes, (copy 6 Upon written consent of the sole members)	05.0707 ол bac	mited liability company ik cover letter).	's dissolution pursuant to section	
	If there are no manhan area the				_
J,	activities and affairs:		ess of the person appoir	, , ,	
6. ab	Signature of an authorized person opove to wind up the company's activ	or if there are n	o members, the signatus:	re of the person appointed and liste	đ
	Signature		Pr	inted Name	
_	Natalu of Cline		By: Natalie H, C	line, authorized person	

FILING FEE: \$25.00

## 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:  Beach Primary Care, LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Beach Primary Care, LLC
One Park Plaza - Legal Dept.
Nashville, TN 37203
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.
Notatic H. Cline Matalia H. Cline
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

A - QV/12/2014 Wolters Kluwys Cinica