

L05000116192

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H08000269145 3)))



H080002691453ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -8 AM 10:53

FILED

RECEIVED

08 DEC -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISS/WITH OR REV DISS

THE UROLOGY CENTER AT CENTRAL FLORIDA REGIONAL HOSPI

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

A. LUNT

DEC -8 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Urology Center at Central Florida Regional Hospital, LLC

2. The Articles of Organization were filed on 12/05/2005 and assigned document number L05000116192

3. The date the dissolution was approved: December 4th, 2008

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).

Dissolution occurred upon the written consent of the sole member of the limited liability company.

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

Dora A. Blackwood

Printed Name

Dora A. Blackwood, VP and Secretary of

Columbia Park Healthcare System, Inc.,

its sole member

FILING FEE: \$25.00

FILED

2008 DEC -8 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA