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SECRETARY OF STATE

DIVISION OF CORESTATE

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mid-Florida (Ardiovascular Institute, 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:
Michelle R. Hodges (Name of Person)
Central Florida Heart Center (Firm/Company)
3310 SW 34 St (Address)
Of A   F   34474 (City/State and Zip Code)
For further information concerning this matter, please call:
Michelle R Hodges at (353 ) 895-8350 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\begin{align*}

#### **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



Main Campus: 3310 S.W. 34th Street Ocala, Florida 34474 Telephone: (352) 873-0707 Fax: (352) 873-9615

Joseph R. Alonso, M.D., FACC William F. Dresen, M.D., FACC Siva S. Gummadi, M.D., FACC Vijay K. Mittal, M.D., FACC Jay Panchal, M.D. Asad U. Qamar, M.D., FACC, FSC&I Swaroop Rai, M.D., FACC Kalpesh H. Solanki, D.O. Ira M. Stone, M.D., FACC Fredrick M. Yutani, M.D.

South Campus:

10435 S.E. 170th Place Summerfield, Florida 34491 Telephone: (352) 347-7923 Fax: (352) 347-6187

William F. Dresen, M.D., FACC Justin Ferns, M.D., FACC Siva S. Gummadi, M.D., FACC Ali Nasser, M.D. Anis A. Shahmiri, M.D. Julio C. Ugarte, M.D.

Park Point:

3304 S.W. 34th Circle Suite 101 Ocala, Florida 34474 Telephone: (352) 347-2315 Fax: (352) 387-0752

Justin Ferns, M.D., FACC Ali Nasser, M.D.

TimberRidge:

9401 S.W. State Road 200 Bldg. 700, Suite 703 Ocala, Florida 34481 Telephone: (352) 873-7600 Fax: (352) 873-6941

Lillian Mitchell, M.D.

TimberRidge:

9401 S.W. State Road 200 Bldg. 100, Suite 103 Ocala, Florida 34481 Telephone: (352) 873-1010 Fax: (352) 873-4387 Srinivasa Murthy, M.D.

TimberRidge:

9401 S.W. State Road 200 Bldg. 6000, Suite 6003 Ocala, Florida 34481 Telephone: (352) 347-2315 Fax: (352) 854-8192

Ali Nasser, M.D.
The Villages:

1950 Laurel Manor Drive Bldg. 200, Suite 208 The Villages, Florida 32162 Telephone: (352) 391-6120 Fax: (352) 391-6124

William F. Dresen, M.D., FACC Siva S. Gummadi, M.D., FACC Swaroop Rai, M.D., FACC Kalpesh H. Solanki, D.O. July 26, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dissolution of Mid-Florida Cardiovascular Institute, LLC

To Whom It May Concern:

Please find enclosed "Articles of Dissolution for a Limited Liability Company" for the above referenced LLC (Document # L06000009801). I have attached check number 37027 in the amount of \$60.00 for the filing fee, certified copy, and certificate of status.

You may send all correspondence regarding this matter to my attention at:

Central Florida Heart Center 3310 SW 34<sup>th</sup> St Ocala, FL 34474 352-895-8250

Thank you for your assistance in this matter.

Sincerely,

Truchelle Hodge

Michelle Hodges Administrator

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
mid-Florida Cardiovascular In	istitute, LLC	
2. The Articles of Organization were filed on 1 33	and assigned document number	
3. The date the dissolution was approved:		
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	bility company's dissolution pursuant to section tter).	
business entity no longer needed	no business ever conducted by this	
5. CHECK ONE:		
<ul> <li>6. All remaining property and assets have been distributed as rights and interests.</li> <li>7. CHECK ONE:  There are no suits pending against the company in a company in the co</li></ul>	obligations and liabilities pursuant to s. 608.4421. mong its members in accordance with their respective	
Signatures of the members having the same percentage of mem	bership interests necessary to approve the dissolution:	
Signature	Printed Name	
	Asad Qamar, MD 97 JUL SECRE	
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