

Division of Corporations

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L06000037296

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
INTERNAL MEDICINE SERVICES OF OSCEOLA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 APR -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

J. Stivers APR 02 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Internal Medicine Services of Osceola, 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:

Ceci Estill

(Name of Person)

HCA Management Services, L.P.

(Firm/Company)

One Park Plaza - Legal Dept.

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill

(Name of Person)

at (615)

344-2994

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

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

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

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

1. The name of a limited liability company is
Internal Medicine Services of Osceola, LLC
2. The Articles of Organization were filed on 03/29/2006 and assigned
document number L06000033290
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Upon written consent of the sole member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Printed Name

Natalie H. Cline

By: Natalie H. Cline, authorized person

FILING FEE: \$25.00

FILED
16 APR - 1 10 01 02
TALLAHASSEE, FLORIDA

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: Internal Medicine Services of Osceola, LLC

Document number of Limited Liability Company is: L06000033290

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)

Internal Medicine Services of Osceola, 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.

Natalie H. Cline

Printed Name of the Person Filing

Natalie H. Cline

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00