

**L0600000SC743**

**Florida Department of State  
Division of Corporations  
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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) 878-9368

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 DEC 30 AM 8:44**

**LLC DISSOLUTION OR WITHDRAWAL  
NICEVILLE GENERAL SURGERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**RECEIVED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Niceville General Surgery, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dora A. Blackwood  
(Name of Person)

HCA Management Services, L.P.  
(Firm/Company)

One Puck Plaza  
(Address)

Nashville, TN 37203  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dora A. Blackwood at ( 615 ) 344-2162  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**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

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DIVISION OF CORPORATION

10 DEC 30 AM 8:44

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Niceville General Surgery, LLC

2. The Articles of Organization were filed on 5/16/2006 and assigned document number  
L06000050743

3. The date the dissolution was approved: 12/29/2010

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).  
written consent of the sole member

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.

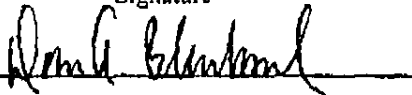
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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



Printed Name

Hospital Corp., LLC, sole member  
By: Dora A. Blackwood, Vice President and Secretary

FILING FEE: \$25.00