

L06000058443

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 : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL
HYPERBARIC AND WOUND CARE SERVICES OF OCALA,
LLC**

Certificate of Status	0
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Page Count	03
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A. LUNT

JAN 24 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hyperburic and Wound Care Services of Ocala, 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:

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 at (615) 344-2994
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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

FILED
2012 JAN 23 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2012 JAN 23 AM 9:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Hyperbaric and Wound Care Services of Ocala, LLC

2. The Articles of Organization were filed on 06/07/2006

and assigned document number

L06000058443

3. The date the dissolution was approved: 1-18-2012

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).

Upon 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

Dore A. Blackwood

Printed Name

Hospital Corp., LLC, Sole Member

By: Dore A. Blackwood, VP & Secretary

FILING FEE: \$25.00