

L060000085067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

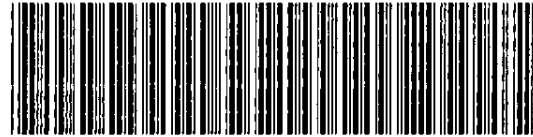
Special Instructions to Filing Officer:

L. SELLERS

MAR - 1 2011

EXAMINER

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SEATTLE
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February 21, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Dissolutions

Dear Ms. Secretary:

We are enclosing the original and one copy of the *Articles of Dissolution* for the below-listed corporations along with a check in the amount of \$55.00 **for each** in payment of the filing fee and **one certified copy**.

The corporations to be dissolved are as follows:

EMS Holdings, LLC
FMC Emergency Solutions, LLC
Phoenix Emergency Services of Madison, LLC
Phoenix Emergency Services of Scott County, LLC

Please return the certified copies to me at:

3114 Croasdaile Drive
Suite 200
Durham, NC 27705

Do not hesitate to contact me if you need any additional information or there are any questions regarding the enclosed. Thank you for your prompt attention to this matter.

Yours very truly,
PHOENIX PHYSICIANS, LLC

A handwritten signature in black ink, appearing to read 'Joann W. Anderson'.

Joann W. Anderson
Paralegal
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMC Emergency Solutions, 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:

Joann Anderson
(Name of Person)

Phoenix Physicians, LLC
(Firm/Company)

3114 Croasdaile Drive, Suite 200
(Address)

Durham, NC 27705
(City/State and Zip Code)

For further information concerning this matter, please call:

Joann Anderson at (919) 425-1500
(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 & 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

FMC Emergency Solutions, LLC

2. The Articles of Organization were filed on 08-28-06 and assigned document number
L06000085067

3. The date the dissolution was approved: February 15, 2011

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).

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.

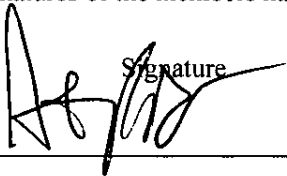
7. CHECK ONE:

☒ 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

Printed Name

Steven Robert Scott, M.D., Manager

FILING FEE: \$25.00

11 FEB 21 PM 1:48
FILED
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE
FLORIDA