

# L07000078878

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 11 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consolidated Patient Financial Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Jeff Wieters

Name of Person

CPFS, LLC

Firm/Company

813 Woodcarver Lane

Address

Brandon, FL 33510

City/State and Zip Code

info@cpfs-sdvo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Wieters

Name of Person

at (

813

) 468-4661  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:



\$100 Filing Fee



\$105 Filing Fee &  
Certificate of Status



\$130 Filing Fee &  
Certified Copy



\$135 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

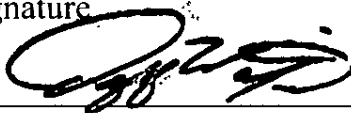
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is Consolidated Patient Financial Solu.
2. The document number of the company is L07000078878.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
September 12, 2011.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 12/30/2011.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature

  
\_\_\_\_\_

Typed or Printed Name

Jeff Wieters  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fee: \$100.00**