L07000088766

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FILED
10 MAY -3 PM 4: 27
SECRETARY OF STATE

J. BRYAN

MAY -4 2010

EXAMINER

COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT: Mic	haelShook MD Medio	cal Practice LLC		
	(Name of L	imited Liability Company)		
	es of Dissolution and fee(s) are su	-		
M	lichael Shook,MD			1777 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871
		(Name of Person)		SE OF
М	ichaelShookMD Med	ical Practice LLC	,	野子
		(Firm/Company)		HAY -3 PH L
20	0120 N. Key Drive			FILE PH 4: 28 SECRETARY OF STATE SECRETARY OF STATE
- ,		(Address)		- 28 - SEE 28
В	oca Raton,FL 33498			-
	(Cit	y/State and Zip Code)		-
For further informa	tion concerning this matter, please	call:		
Michae	el Shook,MD	_{at (} 561	329-5083	
**************************************	(Name of Person)		& Daytime Telephone Num	iber)
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e		Status &
R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Registra Division Clifton	ET/COURIER ADD ation Section n of Corporations Building secutive Center Circl	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

MICHAEL SHOOK, M.D. MEDICAL PRACTICE	LLC
CICHELL SHOOK, M.D. MIDICHE HARCHEL	7, 520
2. The Articles of Organization were filed on 8-29-2007	and assigned document bumb
L07000088766	Ģr.
3. The date the dissolution was approved: 4-30-2010	
4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover le	bility company's dissolution pursuant to section
No longer doing business under this co	
5. CHECK ONE:	<u> </u>
✓ All debts, obligations and liabilities of the limited	I liability company have been paid or discharged.
OR-	obligations and liabilities pursuant to s. 608.4421.
5. All remaining property and assets have been distributed as	•
rights and interests.	mong its memoers in accordance with their respecti
7. CHECK ONE:	•
There are no suits pending against the company is	n any court.
OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	ction of any judgment, order or decree which may l
natures of the members having the same percentage of memb	
	bership interests necessary to approve the dissolution
Signature	bership interests necessary to approve the dissolution Printed Name
Signature AMA MAN NO NO NO NO NO NO NO NO NO	Printed Name
Signature MM, my	
Signature MM, my	Printed Name
Jel Make, mg	Printed Name Michael Shook,MD
Al Maly my	Printed Name Michael Shook,MD
AMAL MARINE STATE OF THE STATE	Printed Name