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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida State Termination:	utes, I hereby submit the following Statement of	
FIRST: The name of the limited liability company is: Osceola Regional Huspitalists, LLC		
SECOND:		
The date of filing of the initial articles	s of organization is: 09/07/2007 .	
THIRD: The date of filing of the dissolution 03/23/2021	is:	
FOURTH: This limited liability company ha has determined that it will file a statement of	is completed winding up its activities and affairs and termination.	
Signature of Authorized Representative	Natalie H. Cline Typed or printed name of signature	
-		

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