

L 07000101716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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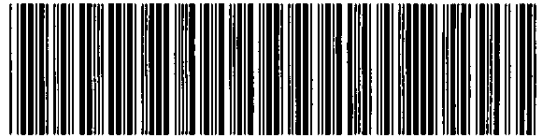
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

DEC 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emergency Physicians of Vero Beach, 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:

Dawn Salas

(Name of Person)

Indian River Memorial Hospital, Inc.

(Firm/Company)

1000 36th Street

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Salas

(Name of Person)

at (772)

561-4311 ext 1179

(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

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

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 Emergency Physicians of Vero Beach, LLC
2. The document number of the company is L07000101716
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
November 10, 2008
4. The revocation of dissolution was authorized in the same manner as the dissolution on December 17, 2008

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

Signature

Typed or Printed Name

PJ Tremml

Peter Tremml, MD

Filing Fee: \$100.00