

LO7000121485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

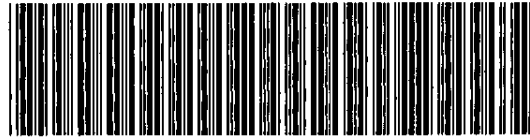
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 27 2012

EXAMINER

2012 JAN 26 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Jarret Wolfson
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Admitted to Practice in
New York and Massachusetts

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ATTORNEYS AT LAW

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11th Floor, New York, NY 10017
212.593.4900

Please Reply to Port Washington Office

January 25, 2012

VIA FEDEX

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

Re: Articles of Dissolution of
Spamer Atlantic Health Management, LLC

Dear Sir/Madam:

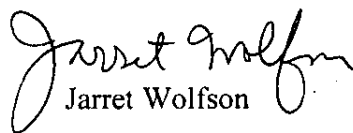
Enclosed please find the Articles of Dissolution of Spamer Atlantic Health Management, LLC, along with a check payable to the Florida Department of State in the amount of \$55 in respect of the \$25 filing fee and an additional \$30 fee for a certified copy.

Kindly file the enclosed Articles of Dissolution and send a certified copy of the enclosed document to me at the Port Washington address set forth above.

I can be reached at (516) 944-8200 should you have any questions.

Thank you for your assistance with this matter.

Sincerely,


Jarret Wolfson

Enclosure

2012 JAN 26 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spamer Atlantic Health Management, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jarret Wolfson, Esq.
(Name of Person)
Law Offices of Gary I. Fields, PLLC
(Firm/Company)
8 Haven Avenue, Suite 209
(Address)
Port Washington, New York 11050
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 26 PM 4:10

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For further information concerning this matter, please call:

Jarret Wolfson, Esq. at 516 , 944-8200
(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

2012 JAN 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Spamer Atlantic Health Management, LLC

2. The Articles of Organization were filed on December 6, 2007 and assigned document number

LO7000121485

3. The date the dissolution was approved: January 23, 2012

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 all of the members 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

Carmel Donovan

Printed Name

Carmel Donovan, M.D.