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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

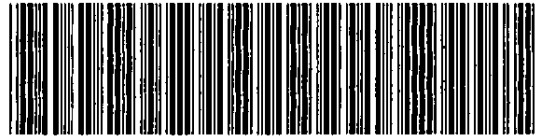
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitalists of Central Florida, L.L.C.
(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:

Brian F. Liebersbach, M.D., Ph.D.

(Name of Person)

(Firm/Company)

19333 Spring Oak Drive, Bunny Bungalow

(Address)

Eustis, FL 32736

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Urich-Liebersbach

(Name of Person)

at (352) 589-0305

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Hospitalists of Central Florida, L.L.C.

2. The Articles of Organization were filed on January 4, 2008 and assigned document number
L08000001884

3. The date the dissolution was approved: March 2, 2010

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).

Decision made to discontinue business.

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.

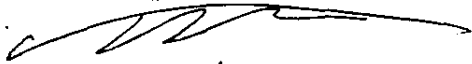
☐ -OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

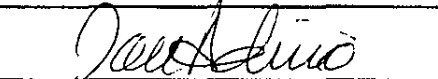
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Brian F. Liebersbach, M.D., Ph.D.



Adina Ion, M.D.



Laura Urlich-Liebersbach

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CONSENT TO DISSOLUTION OF
HOSPITALISTS OF CENTRAL FLORIDA, L.L.C.

2010 MAR -8 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being all of the Members and Managing Members of Hospitalists of Central Florida, L.L.C., and pursuant to Chapter 608.441(1)(c), Florida Statutes, hereby unanimously consent to the dissolution of the limited liability corporation known as Hospitalists of Central Florida, L.L.C., with its principal place of business located at 19333 Spring Oak Drive, Eustis, Florida 32736.

The execution of this written Consent to Dissolution of Hospitalists of Central Florida, L.L.C., by all of the undersigned Members and Managing Members shall constitute full ratification of all actions taken as set forth in the foregoing Consent.

Dated this 2 day of March, 2010.



Brian F. Liebersbach, M.D., Ph.D.
Member/Managing Member



Aldina Ion, M.D.
Member/Managing Member



Laura Urich-Liebersbach

Member/Managing Member

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