

LOG 000053216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

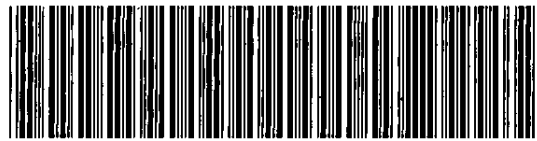
(Business Entity Name)

(Document Number)

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10/26/09--01053--016 \*\*60.00

**FILED**  
09 OCT 26 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. HAWKES**  
OCT 27 2009  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Villages Pathology Laboratory 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:

Muni Padman, MD  
(Name of Person)  
Villages Pathology Laboratory, LLC  
(Firm/Company)  
10900 SE 174th Place Road  
(Address)  
Summerfield, FL 34491-8984  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Taylor at ( 352 ) 307-0264  
(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**

**FILED**  
09 OCT 26 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Villages Pathology Laboratory LLC

2. The Articles of Organization were filed on May 29, 2008 and assigned document number L08000053216

3. The date the dissolution was approved: 10/16/2009

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 Governing Body has decided not to continue the business at the present location due to internal conflict of the Board Members.

**5. CHECK ONE:**

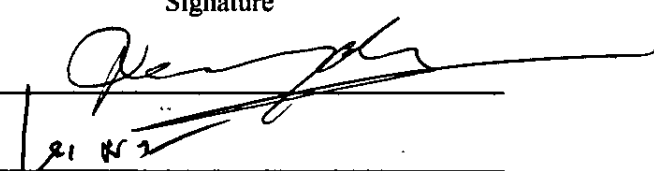



- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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
	<u>Muni Padman, MD</u>
	<u>Lalbahadur Nagabhairu, MD</u>
	<u>Soundarapandian Baskar, MD</u>
	<u>Nehme Gabriel, MD</u>