(Requestor's Name) (Address)	500210811745
(Address)	08/15/1101029012 **30.00
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
ertified Copies Certificates of Status	TALLAHASSEE
Special Instructions to Filing Officer:	PH 3: 20 E. FLORIDA
Office Use Only	J. SAULSBERRY
:	EXAMINER AUG 1 6 2011

.

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: HOSPITALIST M.D. ASSOCIATES, LLC.

(Name of Limited Liability Company)

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

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Please return all correspondence concerning this matter to the following:

GL	ORIA PINA		
		(Name of Person)	
НС	SPITALIST M.D. A		
		(Fint/Company)	-11
Р.(D. BOX 279425	HASSI	5
		(Address)	n l
MI	RAMAR, FL 33027		D
	(Ci	iy/State and Zip Code)	
For further informatio	on concerning this matter, please	e call: at (954) 600-3067	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Eaclosed is a sheek for t	the following amount:		
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	ILING ADDRESS:	STREET/COURIER ADDRESS:	
	ristration Section	Registration Section	
	Box 6327	Division of Corporations Clifton Building	
	izhassee. FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is HOSPITALIST M.D. ASSOCIATES, LLC.

2. The Articles of Organization were filed on 06/13/2008 and assigned document number L08000058694

3. The date the dissolution was approved: APRIL 30, 2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 508.44), Florida Statutes, (copy 608.441 on back cover letter).

THE EFFECTIVE DATE OF DISSOLUTION FOR HOSPITALIST M.D.
ASSOCIATES IS APRIL 30, 2011, BECAUSE NO MORE BUSINESS
THRU THIS LLC FOR ECONOMIC AND VERY DIFICULT FINANCING SITUATION
ALL DEBTS, OBLIGATIONS AND LIABILITIES HAVE BEEN PAID.

5. CHECK ONE:

All debts, obligations and fiabilities 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. 60844

5. All remaining property and assets have been distributed among its members in accordance with theorem rights and interests. > SP V

7. CHECK ONE:

There are no suits pending against the company in any court.

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

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

0028-667-756

Printed Name

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GLORIA R. PINA

FILING FEE: \$25.00