

LD8000084633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

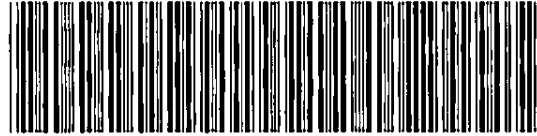
(Document Number)

Certified Copies _____

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FILED
2023 MAY 23 PM 12:50
STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAY 23 PM 3:42
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 765056 109186B
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : May 23, 2023
ORDER TIME : 1:43 PM
ORDER NO. : 765056-005
CUSTOMER NO: 109186B

DOMESTIC FILINGS

NAME: SANTA ROSA HMA URGENT CARE,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2023 JUN 23 PM 12:50
CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Santa Rosa HMA Urgent Care, LLC

2. The Articles of Organization were filed on 9/5/08 and assigned
document number L08000084633

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The limited liability company has no operations or assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:


Signature

HMA Santa Rosa Medical Center, LLC - Sole Member
By: Christopher G. Cobb, VP and Secretary
Printed Name

FILING FEE: \$25.00