



L08000088615

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2010

MEDISHIELD HEALTH CARE LLC  
12701 S JOHN YOUNG PKWY, 207  
ORLANDO, FL 32837

000185747800

SUBJECT: MEDISHIELD HEALTH CARE LLC

Debit Memo #: 05924-D

Document #: L08000088615

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve or revoke the above limited liability company, this limited liability company is now administratively dissolved or revoked.

A Certificate of Dissolution or Revocation is enclosed.

Should you have any questions concerning the reinstatement, please contact the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (850) 245-6051.

Sincerely,  
Catherine Foster  
Senior Clerk  
Division of Corporations

Letter No.: 110A00022352

# State of Florida



## Department of State

### CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The requirements of section 608.4481, Florida Statutes, requiring 60 days notice of our proposed Administrative Dissolution of a limited liability company, have been met for MEDISHIELD HEALTH CARE LLC, Florida limited liability company. The limited liability company is hereby dissolved as of September 21, 2010 for failure to file the limited liability company annual report/uniform business report, as required by law.

The document number of this limited liability company is L08000088615.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-fourth day of September, 2010



*Dawn K. Roberts*  
Dawn K. Roberts  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2010

MEDISHIELD HEALTH CARE LLC  
12701 S.JOHN YOUNG PKWY  
207  
ORLANDO, FL 32837

SUBJECT: MEDISHIELD HEALTH CARE LLC  
Ref. Number: L08000088615

Debit Memo #: 05924-D

This is to inform you that check #2102 in the amount of \$138.75 submitted with the annual report for MEDISHIELD HEALTH CARE LLC has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$153.75 made payable to the Department of State to cover the unpaid fees and service charge.

Sections 608.4481 and 608.513, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida limited liability company or revoke the authority to transact business of a foreign limited liability company for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$153.75 is not received within the 60 day period, your limited liability company will be administratively dissolved or revoked and a reinstatement fee of an additional \$100 will be imposed.

Please send your response to:

Division of Corporations  
Attn: Catherine Foster  
PO Box 6327  
Tallahassee, FL 32312

If you have any questions concerning this matter, please call 850-245-6057.

Catherine Foster  
Senior Clerk  
Division of Corporations

Letter number: 710A00013327: