

LO8000107928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

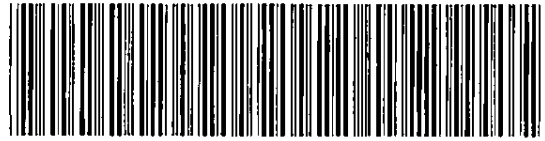
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400417272034

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2024 OCT 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 OCT 20 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

OCT 23 2023

D CUSHING



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyllena Baker
Ext: 61594
Date: 10/20/23
Order #: 1293613-2
Re: Lehigh HMA Physician Management, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

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TALLAHASSEE, FL

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Lehigh HMA Physician Management, LLC

2. The Articles of Organization were filed on 11/20/2008 and assigned
document number L08000107928

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: _____

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FILED

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

By: Florida HMA Holdings, LLC - Sole Member
Christopher G. Cobb, VP and Secretary
Printed Name

FILING FEE: \$25.00