

LO80001C7953

(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:

J. HORNE  
SEP 19 2024

Office Use Only



600436712586

FILED  
2024 SEP 19 AM 9:24  
RECEIVED  
2024 SEP 19 PM 3:26  
FBI TALLAHASSEE  
FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 09/19/24  
Order #: 1628062-6  
Re: Collier HMA Facility Based 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

Please take the following action:

File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Issue Proof of Filing' text.

Special Instructions:

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

FILED  
2024 SEP 19 AM 9:24  
FBI/DOJ

1. The name of a limited liability company is

Collier HMA Facility Based Physician Management, LLC

2. The Articles of Organization were filed on 04/25/2006 and assigned

document number L08000107953

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

By: Southwest Florida HMA Holdings, LLC - Sole Member

Christopher G. Cobb, VP and Secretary

Printed Name

FILING FEE: \$25.00