L08000101953

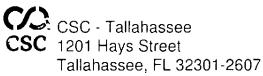
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to File		
	S	J. HORNE SEP 19 2024

Office Use Only



600436712586

FILED 2024 SEP 19 PH 3:26



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: I2000000195

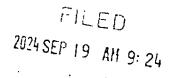
Please take the following action:

File in your office on basis Issue Proof of Filing

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



The name of a limited liability company is Collier HMA Facility Based Physician Managen	ment, LLC	
2. The Articles of Organization were filed on $\frac{0}{2}$	04/25/2006 and assigned	
document numberL08000107953		
	to or more than 90 days later than date document is received for filing) meet the applicable statutory filing requirements, this date will not be	
1. A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or	he limited liability company's dissolution pursuant to section n back cover letter).	
The limited liability company has no operations o	or assets.	
	address of the person appointed to wind up the company's	
activities and affairs:		
Signature of an authorized person or if there a bove to wind up the company's activities and a	are no members, the signature of the person appointed and listed ffairs:	
	By: Southwest Florida HMA Holdings, LLC - Sole Member	
UTOSCH	Christopher G. Cobb, VP and Secretary	
Signature	Printed Name	

FILING FEE: \$25.00