L09000048126

| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| · · · · · | | |
| (Document Number) | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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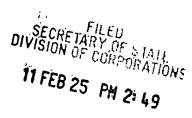
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*COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Panhandle Surgical Institute, LLC | | |
| (Name of Limited Liability Company) | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | |
| | | |
| Michael D. Gilmore | | |
| (Name of Person) | | |
| | | |
| (Firm/Company) | | |
| 710 Hospital Drive | | |
| (Address) | | |
| Crestview, FL 32539 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Dale E. Veitch at (_386) 566-7249 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee 30.00 Filing Fee & Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | | |
| Tallahassee FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. The name of a limited liability company is Panhandle Surgical Institute, LLC | j |
|--|---|
| 2. The Articles of Organization were filed on May 1. L09000048126 | 8, 2009 and assigned document number |
| 3. The date the dissolution was approved: December | er 31, 2010 |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov Written consent of all members | |
| | |
| 5. CHECK ONE: | |
| OR- | mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421. |
| 6. All remaining property and assets have been distribut | ted among its members in accordance with their respective |
| rights and interests. 7. CHECK ONE: | |
| There are no suits pending against the compa | any in any court. |
| OR- Adequate provision has been made for the sa entered against it in any pending suit. | atisfaction of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of r | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| 1NG | Medbiz Holdings, LLC, MGRM |
| | By its Manager |
| | |
| | |
| | |

FILING FEE: \$25.00