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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

OCT 12 2009

EXAMINER

McGuireWoods LLP
77 West Wacker Drive
Suite 4100
Chicago, IL 60601-1818
Phone: 312.849.8100
Fax: 312.849.3690
www.mcguirewoods.com

Julia M. Giczewski, Paralegal
Direct: 312.750.8671

McGUIREWOODS

jgiczewski@mcguirewoods.com
Direct Fax: 312.558.4379

October 8, 2009

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Wellington Surgery Center, LLC

Dear Sir or Madam:

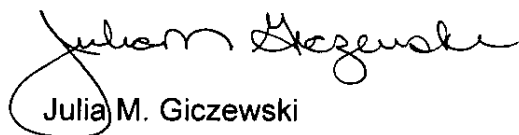
Enclosed for filing with the Florida Division of Corporations are duplicate copies of the Articles of Dissolution for the above named entity.

I have also enclosed a check in the amount of \$25 for the filing fee.

Once the Articles have been filed, please return a file stamped copy to me in the enclosed self-addressed envelope.

If you have any questions, please call me at 312.750.8671.

Very truly yours,


Julia M. Giczewski

Enclosures

cc: Melissa Szabad

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellington Surgery Center, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia M Giczewski
(Name of Person)

McGuireWoods LLP
(Firm/Company)

77 W Wacker Drive Suite 4100
(Address)

Chicago, IL 60446
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

For further information concerning this matter, please call:

Julia Giczewski at (312) 750-8671
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Wellington Surgery Center LLC

2. The Articles of Organization were filed on June 30, 2009 and assigned document number
L09000063739

3. The date the dissolution was approved: August 27, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The entity was formed, however, business was never transacted.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Thomas J. Bombardier, M.D.

FILING FEE: \$25.00