

609 000086404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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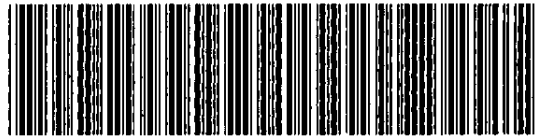
(Business Entity Name)

(Document Number)

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T. CLINE

APR - 9 2010

EXAMINE

2010 APR - 8 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTH DECISIONS CLINICAL SYSTEMS, 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:

DR. MICHAEL J. ROSENBERG  
(Name of Person)  
C/O HEALTH DECISIONS, INC.  
(Firm/Company)  
2510 MERIDIAN PARKWAY  
(Address)  
DURHAM, NC 27713  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. ROSENBERG at ( 919 ) 967-1111 x 229  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

2010 APR-8 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

HEALTH DECISIONS CLINICAL SYSTEMS, LLC

2. The Articles of Organization were filed on 09/04/09 and assigned document number

609-84404

3. The date the dissolution was approved: 3/22/10

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).

LLC WAS ALREADY IN EXISTENCE IN NORTH CAROLINA AND

I DECIDED NOT TO MOVE THE COMPANY LOCATION TO FLORIDA.

NO NEED FOR A DUPLICATE LLC IN FLORIDA, THEREFORE.

**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

Michael J. Roser

Printed Name

MICHAEL J. ROSER

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2010 APR 28 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA