# L10000035369

(Requ	iestor's Name)	
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JAN 2 5 2012

**EXAMINER** 



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DIVISION OF CORPORATIONS

### **COVER LETTER**

Divisio	on of Corporations	12/4		
SUBJECT: D	OMK HEALTH LLC (Name of Limited Liability Company)	7		
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
MATTHEW L STRAHL				
(Name of Person)				
	(Firm/Company)			
301 CLEMATIS ST. STE. 3000				
	(Address)			
	WEST PALM BEACH, FL 33401			
	(City/State and Zip Code)			
For further infor	rmation concerning this matter, please call:			
MAT	THEW L STRAHL at ( 561 ) 249-4050			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a chec	ck for the following amount:			

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy



\$25:00 Filing Fee

TO:

**Registration Section** 

#### **MAILING ADDRESS:**

30.00 Filing Fee &

Certificate of Status

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

#### STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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	
DMK HEALTH LLC	至
2. The Articles of Organization were filed on 5/1/20 L10000035369	11 and assigned document number
3. The date the dissolution was approved: JANUAR	Y 14, 2012
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov PENDING MEDICARE CUTS AND I	d liability company's dissolution pursuant to section or letter).
5. CHECK ONE:	
All debts, obligations and liabilities of the lin	nited liability company have been paid or discharged.
	ebts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distribut rights and interests.</li> </ol>	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	iny in any court.
OR- Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution
∩∩ Signature	Printed Name
No co	MATTHEW L STRAHL
DH DOD	DAVID PINSKY, DDS
	***************************************
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FILING FEE: \$25.00