

L10000036577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

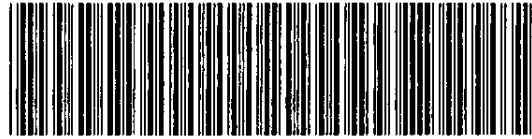
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

FEB 07 2011



**vitalMD**  
Group Holding LLC.

P.O. Box 43-2040 • Miami, FL 33243-2040  
P 305.273.4641 • F 305.273.9994

February 3, 2011

Secretary of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

VIA U.S. MAIL

*Re: Affiliate Articles of Dissolution—Vitro Pathology, LLC*

Ladies and Gentleman:

Enclosed is an original and one copy of the Articles of Dissolution for the limited liability company mentioned above. We are also enclosing a check in the amount of \$60.00. This check represents payment for filing fees, a certified copy, and certificate of status.

Please file the enclosed Articles of Dissolution and return the certified copy to the undersigned in the prepaid envelope provided.

Sincerely,

Francisco J. Leon  
*Executive Director*

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vitro Pathology, 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:

Melissa O'Rourke  
(Name of Person)

VitalMD Group Holding, LLC  
(Firm/Company)

3225 Aviation Avenue, Suite 700  
(Address)

Miami, FL 33133  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Melissa O'Rourke at (305) 273-4641  
(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

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

1. The name of a limited liability company is

Vitro Pathology, LLC

2. The Articles of Organization were filed on 4/5/10 and assigned document number

L10000036577

3. The date the dissolution was approved: 1.31.11

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).

No member in the LLC. Physicians did not join company and remained in their P.A.

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 608.4421.

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

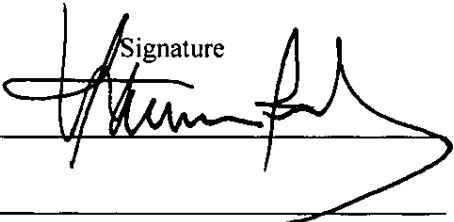
7. CHECK ONE:

- ☒ 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.

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

Signature



Printed Name

Francisco J. Leon  
Executive Director