

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA0000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
 PINELLAS HOSPITALIST GROUP LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

RECEIVED

10 MAY -6 PM 3:13

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 DIVISION OF CORPORATIONS

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G. MCLEOD

MAY - 7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinellas Hospitalist Group 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:

Dora A. Blackwood
(Name of Person)

HCA Management Services, L.P.
(Firm/Company)

One Park Plaza
(Address)

Nashville, TN 37203
(City/State and Zip Code)

For further information concerning this matter, please call:

Dora A. Blackwood at 615 344-2162
(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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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(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
Pinellas Hospitalist Group LLC

2. The Articles of Organization were filed on 04/06/2010 and assigned document number
L10000037412

3. The date the dissolution was approved: 05/06/2010

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).
upon written consent of the sole member of the limited liability company

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

Dora A. Blackwood

Printed Name

Galecare, Inc., sole member

By: Dora A. Blackwood, Vice President & Secretary

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 MAY - 6 AM 7:45