

L10000037424

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

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Account Number : PCA000000023  
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FILED  
10 MAY -6 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL  
SOUTH ATLANTIC HOSPITALIST GROUP LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Atlantic 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 & 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

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10 MAY -6 AM 8: 12

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
South Atlantic Hospitalist Group LLC

2. The Articles of Organization were filed on 04/06/2010 and assigned document number  
L10000037424

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

Printed Name

*Dora A. Blackwood*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Memorial Healthcare Group, Inc., sole member  
 \_\_\_\_\_  
 By: Dora A. Blackwood, Vice President & Secretary  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILING FEE: \$25.00