

L10000075844

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(Business Entity Name)

(Document Number)

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MAY 16 2017  
S. YOUNG

17 MAY 15 PM 3:54  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Medical Group, 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:

Howe D. Whitman

(Name of Person)

c/o Heritage Equities Incorporated

(Firm/Company)

PO Box 725589

(Address)

Atlanta, GA 31139-25889

(City/State and Zip Code)

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U  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 15 PM 3:54

For further information concerning this matter, please call:

Vincent Merkle

(Name of Person)

at ( 877 ) 841-0605

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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  
FLORIDA MEDICAL GROUP, LLC

2. The Articles of Organization were filed on JULY 19, 2010 and assigned  
document number L10000075844

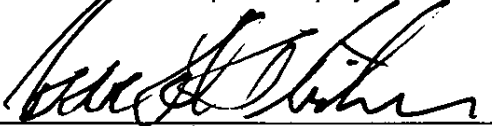
3. The delayed effective date the dissolution if not effective on the date of filing: MAY 31, 2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business Purpose Completed

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:



Signature

Howe D. Whitman, Manager

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 MAY 15 PM 3:05