

L10000085246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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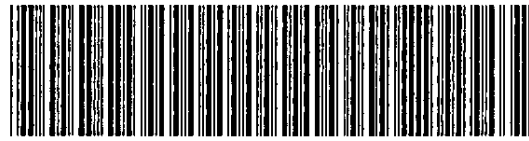
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G. MCLEOD

EXAMINER



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FILED

11 FEB - 3 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB - 4 2011

EXAMINER

Florida Department of State

Division of Corporations

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Dear Sirs

This letter is to inform you that I am dissolving HCG Waist Management, LLC for the purpose of using it as a name change to Stathealth Urgent Care, LLC. I do not intend to reverse the dissolution of HCG Waist Management, LLC.

Please find enclosed a second filing for the name change of Stathealth Urgent care, LLC to HCG Waist Management, LLC. Please find enclosed a check payable to the Florida Department of Corporations as per our phone conversation.

If there are any question please to not hesitate to contact Bart Gershenbaum at 954-444-4545 or my partner James O'Connor at 305-613-7104.

Thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bart Gershenbaum". The signature is fluid and cursive, with a large initial "B" and a long, sweeping underline.

Bart Gershenbaum, D.O.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCG Waist Management, 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:

Bart Gershenbaum

(Name of Person)

HCG Waist Management, LLC

(Firm/Company)

7740 Nova Drive

(Address)

Davie, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Bart Gershenbaum

(Name of Person)

at ( 954 )

444-4545

(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  
HCG Waist Management, LLC

2. The Articles of Organization were filed on August 13, 2010 and assigned document number  
L10000085246

3. The date the dissolution was approved: January 24, 2011

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).

We are changing the name of another LLC company to use this name.

**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

Bart Gershenbaum

Printed Name

Bart Gershenbaum

**FILED**  
11 FEB -3 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**