

L10000101070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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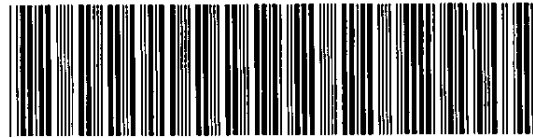
(Business Entity Name)

(Document Number)

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2014 JUN 23 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 24 2014  
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 186330 4367853

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 20, 2014

ORDER TIME : 9:09 AM

ORDER NO. : 186330-010

CUSTOMER NO: 4367853

DOMESTIC FILINGS

NAME: INTEGRATED WOUND SPECIALIST  
OF FLORIDA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of a limited liability company is  
Integrated Wound Specialists of Florida, LLC.
2. The Articles of Organization were filed on 09/27/2010 and assigned  
document number L10000101070
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
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).  
The dissolution of the Company was approved by unanimous vote of all of the members of the company on June 19, 2014.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Printed Name

Diversified Physician Management, LLC., By Its President, Jeffrey Nelson

**FILING FEE: \$25.00**

**FILED**

**2014 JUN 23 AM 9:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**