

L10000103059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

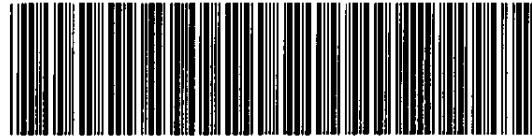
(Document Number)

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12/29/10--01014--009 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 29 AM 11:14

FILED

C. LEWIS

DEC 30 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HF Medical Center

(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:

Hossein Farsad, MD

(Name of Person)

(Firm/Company)

619 6th Way

(Address)

West Palm Beach, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Hossein Farsad

(Name of Person)

at ( 305 ) 809-8039

(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

FILED

2010 DEC 29 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

HF Medical Center LLC

2. The Articles of Organization were filed on 10/04/2010 and assigned document number L10000103059

3. The date the dissolution was approved: 12/27/2010

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).

HF Medical Center is no longer able to conduct business.

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.

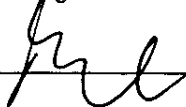
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Hossein Farsad, MD

FILING FEE: \$25.00