Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200

Phone

Fax Number

: (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL JOC SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is
JOC Surgery Center, LLC
The Articles of Organization were filed on January 3, 2011 and assigned
document number <u>L11000000711</u>
The delayed effective date the dissolution if not effective on the date of filing: (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.
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).
Unanimous consent of the Members.
• - -
If there are no members, enter the name and address of the person appointed to wind up the company's.
activities and affairs: Michael V. Jablonski, M.D.
1285 N. Orange Avenue
Winter Park, FL 32789
Signature of an authorized person or if there are no members, the signature of the person appointed and liste ove to wind up the company's activities and affairs:
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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: <u>IOC Surgery Center, LLC</u>
Document number of Limited Liability Company is: <u>L11000000711</u>
Date of dissolution was: Upon filing
Description of information that must be included in a written claim:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim (attach separate sheet if necessary):
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Michael V, Jablonski, M.D.
1285 Orange Avenue
Winter Park, FL 32789
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Michael V. Jablonski, M.D., Manager
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00