

L11000005639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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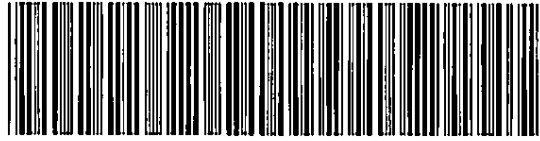
(Business Entity Name)

(Document Number)

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SEP 9 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/09/2021

Acc#I20160000072

*eric DW*

Name:	Pinnacle Physician Network, LLC
Document #:	
Order #:	13866559- 3 / 7

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pinnacle Physician Network, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ceci Estill  
Name of Person  
c/o Pinnacle Physician Network, LLC  
Firm/Company  
One Park Plaza  
Address  
Nashville, TN 37203  
City/State and Zip Code

shirley.scharf@hcahealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill at (615) 344-2994  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Pinnacle Physician Network, LLC

SECOND: The Florida Document number of the limited liability company is: L11000005639

THIRD: The date of filing of the initial articles of organization is: 01/13/2011

FOURTH: The date of filing of the dissolution is: 09/09/2021

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Natalie H. Cline  
Signature of Authorized Representative

Natalie H. Cline  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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