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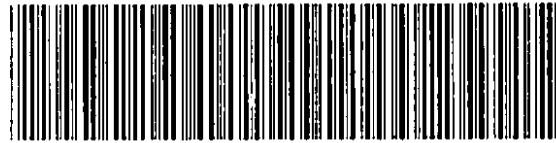
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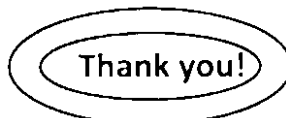
Name:	Specialty Hospitalists at Ft. Walton Beach, LLC (FL)
Document #:	
Order #:	12398522

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Hospitalists of Ft. Walton Beach, 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 Specialty Hospitalists of Ft. Walton Beach, LLC

Firm/Company

One Park Plaza - Legal Dept.

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

Name of Person

at (615)

Area Code

344-2994

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E141 (12/13)

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: _____

Specialty Hospitalists at Ft. Walton Beach, LLC

SECOND:

The date of filing of the initial articles of organization is: 1/14/2011

THIRD: The date of filing of the dissolution is:

11-11-2017

FOURTH: 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)

CR2E141 (12/13)

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