

L11000048751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

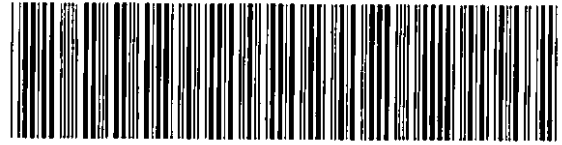
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300417272123

S. CHATHAM

OCT 23 2023

OCT 23 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 20 PM 3:27

RECEIVED



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 10/20/23  
Order #: 1293613-11  
Re: Osler HMA Medical Group, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text of the enclosed items.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

1. The name of a limited liability company is

Osler HMA Medical Group, LLC

2. The Articles of Organization were filed on 04/25/2011 and assigned

document number L11000048751

3. 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.

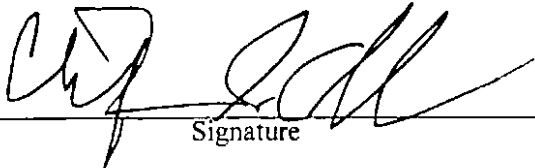
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The limited liability company has no operations or assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company:

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

By: Melbourne HMA, LLC - Sole Member

Christopher G. Cobb, VP and Secretary

Printed Name

**FILING FEE: \$25.00**