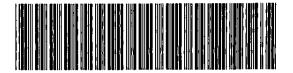
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GUS J LEOTTA III, M.D. LLC		
(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:		
Brandon J. Hechtman, Esq.		
(Name of Person)		
Wicker, Smith, O'Hara, McCoy, & Ford, P.A.		
(Firm/Company)		
2800 Ponce de Leon Blvd., Suite 800		
(Address) ·		
Coral Gables, Florida 33134		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Brandon J. Hechtman, Esq. at (305) 448-3939		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$60.00 Filing Fee,		
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy Certified Copy		
(additional copy is enclosed) (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32314 Zoo1 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED: 12 FEB -8 PM 1: 18

SECRETARY OF STATE PALLAHASSEE, FLORIDA

GUS J LEOTTA III, M.D. LLC	TOORL, FLOI
2. The Articles of Organization were filed on L12000015559	2012 and assigned document number
3. The date the dissolution was approved: 02/01/2012	2
4. A description of occurrence that resulted in the limited I 608.441, Florida Statutes, (copy 608.441 on back cover By written consent of all members.	
	•
OR- Adequate provision has been made for the debt 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company OR-	
Signatures of the members having the same percentage of men	Printed Name GUS J LEOTTA III, M.D.
	•