

L12000060757

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RE2LEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

2018 JUN 27 AM 8:01

LLC DISSOLUTION OR WITHDRAWAL OASA MEDICAL BILLING, LLC

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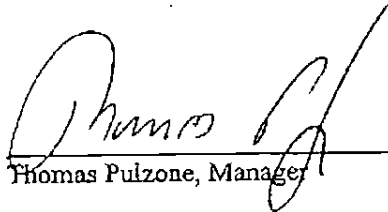
ARTICLES OF DISSOLUTION

FOR

OASA MEDICAL BILLING, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is OASA Medical Billing, LLC (the "Company").
2. The Articles of Organization were filed on May 4, 2012 and assigned document number L12000060757.
3. Dissolution of the Company was unanimously approved as of June 4, 2018 by the consent of all Members and the sole Manager of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being a Manager of the Company, hereby approves the above Articles of Dissolution this 4th day of June, 2018.


Thomas Pulzone, Manager2018 JUN 27 AM 8:01
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

H18000190549 3

Notice of Limited Liability Company Dissolution

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: OASA Medical Billing, LLC

Document Number of Limited Liability Company is: L12000060757

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

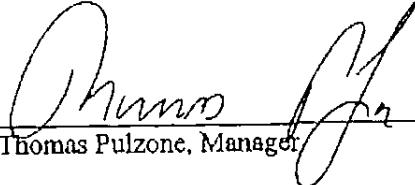
Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Thomas Pulzone
One Orthopaedic Place
St. Augustine, Florida 32086

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.


Thomas Pulzone, Manager

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