

Division of Corporations

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**L1200151667**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
WELLINGTON INPATIENT SPECIALISTS, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
13 APR 24 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2013 APR 24 AM 9:56  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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APR 25 2013  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wellington Inpatient Specialists, PLLC  
(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:

Stockton Clemons, Esq.

(Name of Person)

Mediserv Medical Info. Services, Ltd.

(Firm/Company)

6300 Ridglea Place, Ste. 201

(Address)

Fort Worth, Texas 76116

(City/State and Zip Code)

For further information concerning this matter, please call:

Stockton Clemons at 817 563-3620

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &  
Certificate of Status

p \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

p \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
Wellington Inpatient Specialists, PLLC

2. The Articles of Organization were filed on November 29, 2012 and assigned document number  
L12000151667

3. The date the dissolution was approved: March 28, 2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The sole member of the professional limited liability company approved the entity's dissolution in writing pursuant to section 608.441(c), Florida Statutes.

**5. CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

**7. CHECK ONE:**

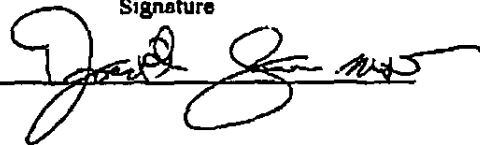
☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

David M. Soria, M.D.

**FILING FEE: \$25.00**