113000108942

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	09/07/2021
	Acc#120160000072
Name:	Greater Tampa Bay Physicians - Pinellas, LLC
Document #:	
Order #:	13860834-3,7
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of: Apostille/Notarial Certification:	Country of Destination: Number of Certs: Certified: Plain:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00
	Thank you!

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJE	rCT∙	Greater Tampa Bay Physician	s - Pinellas, LLC		
3000.	Name of Limited Liability Company				
Dear S	ir or N	ładam:			
The en	closed	Statement of Termination	n and fee(s) are subn	nitted for filing.	
Please	return	all correspondence conce	rning this matter to	the following:	
Ceci Es	till				
		Name of Person		_	
c/o Grea	ater Tai	npa Bay Physicians - Pinetlas,	LLC		
		Firm/Company		_	
One Par	k Plaza	i.			
		Address		-	
Nashvill	le, TN	37203			
 -		City/State and Zip Code		_	
shirley.s	charf@	hcahealthcare.com			
E-mai	il addr	ess: (to be used for future	annual report notific	cation)	
For fun	ther in	formation concerning this	matter, please call:		
Ceci Est	till		at (⁶¹⁵	344-2994	
	۸	Jame of Person	Area Cod	e Daytime Telephone Number	
	Regis Divis P.O. I	ng Address: tration Section ion of Corporations 30x 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E141 (2/14)

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: Greater Tampa Bay Physicians - Pinclias, LLC						
SECOND: The Florida Document number	of the limited liability company is: L13	000108942				
THIRD: The date of filing of the initial arti	icles of organization is:	 				
FOURTH: The date of filing of the dissolu	tion is:09/03/2021					
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and	d affairs and has determined				
what it will the a statement of termination.						
Mataly 71 Mass	Natalie H. Cline					
Signature of Authorized Representative	Typed or printed name of signatur	 ге				
	MIII	m. 3				
Corti	Filing Fee: \$25.00 fied Copy: \$30.00 (optional)	2021 SE				
Certi	ned copy. \$30.00 (optional)	LIE SE TI				

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