

Division of Corporations

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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
U.S. PHYSIATRY OF FLORIDA LLC

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

RECEIVED
13 DEC -4 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2013 DEC -4 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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DEC - 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Physiatry of Florida 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:

Denise Bell

(Name of Person)

NRAI Corporate Services

(Firm/Company)

1021 Main Street, Ste. 1150

(Address)

Houston, TX 77002

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Bell

(Name of Person)

800

862-5438

at

(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 \$35.00 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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

U.S. Physiatry of Florida LLC

2. The Articles of Organization were filed on 09/30/2013 and assigned document number
L13000137341

3. The date the dissolution was approved: 12/02/2013

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).
company is no longer doing business

5. CHECK ONE:

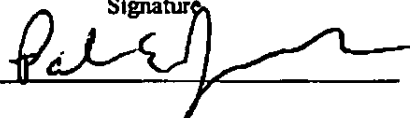
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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
Paul Jardina

FILING FEE: \$25.00