

L13000153072

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

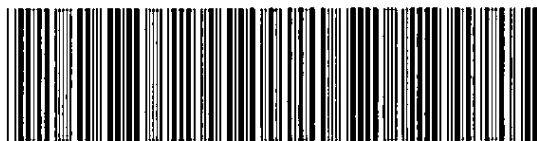
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300371424673

2021 OCT -7 AM 9:19  
RECEIVED

2021 OCT -7 AM 11:46  
RECEIVED  
TALLAHASSEE, FL 32301

CLIS  
Amt DIS

OCT 08 2021

J ALBRITTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 084435 109186B

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

-----  
ORDER DATE : October 6, 2021

ORDER TIME : 9:42 AM

ORDER NO. : 084435-025

CUSTOMER NO: 109186B  
-----

DOMESTIC FILINGS

NAME: JASPER MEDICAL GROUP, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

*[Signature]*

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2021 OCT -7 AM 9:19

1. The name of a limited liability company is  
Jasper Medical Group, LLC
2. The Articles of Organization were filed on 10/30/13 and assigned  
document number L13000153072
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The limited liability company has no operations or assets.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

  
Signature

Florida HMA Holdings, LLC - Sole Member

By: Benjamin C. Fordham, EVP & Asst. Sec.

Printed Name

FILING FEE: \$25.00