

L13000173950

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

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

LLC DISSOLUTION OR WITHDRAWAL
TRANSFORMATIVE CARE GROUP, LLC

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FAX COVER SHEET

TO:	Florida Department of State	From:	Donna Ciancutti
Fax:	850-617-6383	Pages:	4
Phone:		Date:	January 18, 2016
Re:	Transformative Care Group, LLC	CC:	

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CONFIDENTIALITY NOTICE

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (904) 567-1060 TO ARRANGE FOR RETURN OF THE ORIGINAL DOCUMENTS TO US.

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ARTICLES OF DISSOLUTION

FOR

TRANSFORMATIVE CARE GROUP, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Transformative Care Group, LLC (the "Company").
2. The Articles of Organization were filed on December 17, 2013 and effective on January 1, 2014 and assigned document number L13000173950.
3. Dissolution of the Company was unanimously approved as of January 11, 2016 by the consent of 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 an authorized Manager of the Company, hereby approves the above Articles of Dissolution this 11th day of January, 2016.

North Florida Surgeons, P.A.
Sole Manager

By: _____

Paul J. Chappano, M.D.

Its: _____

President

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JACKSONVILLE, FLORIDA

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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: Transformative Care Group, LLC

Document Number of Limited Liability Company is: L13000173950

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.

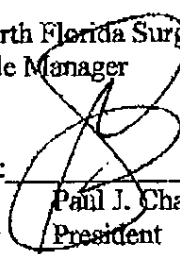
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Transformative Care Group, LLC
c/o North Florida Surgeons, P.A.
Attn: John Berlin
11945 San Jose Boulevard, Building 300
Jacksonville, Florida 32223

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DEPT OF STATE
CORPORATION DIVISION

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.

North Florida Surgeons, P.A.
Sole Manager

By: 
Paul J. Chappano, M.D.
Its: President

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