

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYSICIAN'S CHOICE SERVICES, 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:

Philip Clarke

(Name of Person)

Kass Shuler, P.A.

(Firm/Company)

P.O. Box 800

(Address)

Tampa, FL 33601

(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Clarke

(Name of Person)

at (813)

229-0900

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
PHYSICIAN'S CHOICE SERVICES, LLC

2. The Articles of Organization were filed on 06/25/2014 and assigned
document number L14000101669

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).

VOTE OF MEMBERS

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

PHILIP CLARKE, MANAGER
Printed Name

FEE: \$25.00

FILED
20 FEB 10 PM 5:18

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: PHYSICIAN'S CHOICE SERVICES, LLC

Document number of Limited Liability Company is: L14000101669

Date of dissolution was: January 23, 2020

Description of information that must be included in a written claim:

Name of Claimant _____

Amount of Claim _____

Nature of Claim _____

Contact Name for Claimant, address, phone number, email _____

Copies of supporting documentation upon which claim is based _____

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

Philip Clarke, Esq.

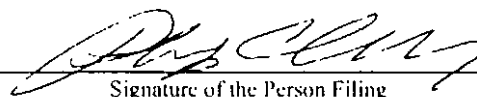
Kass Shuler, P.A.

P.O. Box 800

Tampa, FL 33601

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.

Philip Clarke
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

20 FEB 10 PM 5:18
FILED