

L15000178667

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000318503 3)))



H160003185033ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2785 939-5000 or (954) 939-5780
Fax Number : (954) 851-1780 618-4253

LLC DISSOLUTION OR WITHDRAWAL
EMERGENCY PHYSICIAN SOLUTIONS OF SOUTH
FLORIDA PEDS,

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 DEC 29 AM 10:05
FILED

RECEIVED
2016 DEC 29 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

DEC 30 2016

116000218503 3

FILED
2016 DEC 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
EMERGENCY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA PEDS, LLC

Pursuant to the provisions of Section 605.0707 of the Florida Revised Limited Liability Company Act, the undersigned limited liability company adopts the following Articles of Dissolution for the purposes of dissolving the limited liability company:

1. The name of the limited liability company filing these Articles of Dissolution is Emergency Physician Solutions of South Florida Peds, LLC, a Florida limited liability company (the "Company"). The Articles of Organization of the Company were filed on October 20, 2015 under Document No. L15000178667.

2. The Company has made adequate provision for the payment and discharge of all liabilities and obligations.

3. There are no actions pending against the Company in any court.

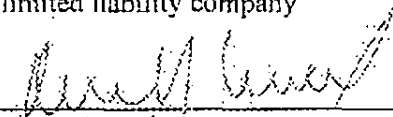
4. The Company has distributed all its remaining assets and property to its sole member or its assigns in accordance with its respective rights and interests.

5. The Company elected to dissolve by unanimous written consent of its sole member, dated as of December 29, 2016, to be effective as of December 31, 2016.

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:

COMPANY:

EMERGENCY PHYSICIAN SOLUTIONS OF
SOUTH FLORIDA PEDS, LLC,
a Florida limited liability company

By: 
Robert Coward, Manager

Filing Fee: \$25

116000218503 3

H160003185033

FILED
2016 DEC 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the 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: EMERGENCY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA PEDS, LLC.

Document number of Limited Liability Company is: L15000178667

Date of dissolution will be December 31, 2016.

Description of information that must be included in a claim:

Information regarding the amount and nature of the claim

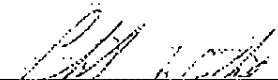
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jillian Marcus, Esq.
Sheridan Healthcare, Inc.
7700 West Sunrise Boulevard
Plantation, Florida 33322

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.

COMPANY:

EMERGENCY PHYSICIAN SOLUTIONS OF
SOUTH FLORIDA PEDS, LLC,
a Florida limited liability company

By: 
Christine Weinstein, Chief Operating Officer

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

H160003185033