L15000 205595

| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
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16 MAR 10 AH II: 20

MAR 11 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 052033 7914283

AUTHORIZATION : THE CONTRACTOR OF THE PARTY OF THE PARTY

COST LIMIT : \$ 25.00

ORDER DATE: March 10, 2016

ORDER TIME : 10:34 AM

ORDER NO. : 052033-005

CUSTOMER NO: 7914283

DOMESTIC FILINGS

NAME: SCP HOSPITAL ACQUISITIONS, 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: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section Division of Corporations

SCP Hospital Acquisitions, 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:

Stephen C. Petrovich

(Name of Person)

Ardent Health Partners, LLC

(Firm/Company)

One Burton Hills Blvd, Suite 250

(Address)

Nashville, TN 37215

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen P. Sellers

(Name of Person)

at (615) 296-3227

(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/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ı. | The name of a limited liabi SCP Hospital Acquisitions, L | • • • | | | |
|---|--|---|--|---------------------------|--------------------|
| 2. | The Articles of Organization | n were filed on Decem | ber 18, 2015 | _ and assigned | |
| | document number L150002 | 05595 | | | |
| 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 lin | nited liability company's d | issolution pursuant o sec | tion 5, |
| | 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). | | | MAS | |
| | | | | SSEE FLORIDA | O AH & 3 |
| 5. | If there are no members, en activities and affairs: | ter the name and address Stephen C. Petrovich | ss of the person appointed | to wind up the company' | S |
| | Ardent Health Partners, LLC | | | | |
| One Burton Hills Blvd, Suite 250 Nashville, TN 37215 | | | | | _ |
| | | | | | <u></u> |
| 6. lis | Signature of an authorized peter above to wind up the con | person or if there are no npany's activities and a | o members, the signature on ffairs: | f the person appointed an | d |
| | Signature | | Stephen C. | Petron Ch | . |

FILING FEE: \$25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SCP Hospital Acquisitions, LLC

(Name of Limited Liability Company)

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