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TO:	_	stration Section ion of Corporations				
SUBJ	ECT:	Elite Hospitalists of South Florid	a, LLC			
		(Name of Limited)	Liability Com	pany)		
The er	nclosed	! member, resignation or dissociation	n and fee(s)	are submitted for filing.		
Please	returi	all correspondence concerning this	matter to:			
David	d J. Da	avidson, Esq.				
		(Contact Person)		-		
Florid	da Hea	althcare Law Firm				
		(Firm/Company)		-		
909 \$	SE 5th	Avenue, Suite 200				
		(Address)	-	-		
Delra	ay Bea	ach, FL 33483				
		(City/State and Zip Code)		-		
For further information concerning this matter, please call:						
Davi	d J. D	avidson, Esq.	561	455-7700		
	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\mathbb{B}\$ \$25 Filing Fee & Certified Copy						
Regis Divis Clifto 2661	stration sion of on Buil Execu	COURIER ADDRESS: a Section Corporations ding tive Center Circle , Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Departite Hospitalists of South Florida, LLC	nent
	cument/registration number assigned to this limited liability company is:	
Occar Mone	nember/manager withdrew/resigned or will withdraw/resign is: August 10, 2 dez, M.D., P.A. hereby withdraw/resign as a	?01 [:]
(Print) Member	Name of Person Resigning)	
of this limited li- resignation in w	(Print Title) ability company and affirm the limited liability company has been notified of riting.	îmy
Filing Fee:	Dissociating Wember or Resigning Manager \$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	