

L94000000474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2006 MAR 27 PM 2:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

CATHERINE ALLISON-STUBEE  
6500 W. NEWBERRY ROAD  
GAINESVILLE, FL 32605

SUBJECT: NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE  
PHO, L.C.  
Ref. Number: L94000000474

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2006 MAR 27 PM 2:55

We have received your document for NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PHO, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 206A00016878

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North Florida Regional Medical Center--Gainesville PHO, L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Allison-Stubee

(Name of Person)

Administration, North Florida Regional Medical Center

(Firm/Company)

6500 W. Newberry Road

(Address)

Gainesville, FL 32605

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Allison-Stubee

(Name of Person)

at ( 352 ) 333-5030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

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

1. The name of a limited liability company is

North Florida Regional Medical Center-Gainesville PHO, L.L.C.

2. The Articles of Organization were filed on September 15, 1994 and assigned document number L94000000474.

3. The date the dissolution was approved: 12/31/2005

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

As of 12/31/2005, the LLC no longer has any members (see 608.441(1)(d).)

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

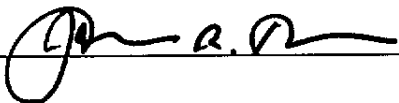
- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



James Thomas, CEO, NFRMC