

L9400000571

North Florida Regional Medical Center

6500 Newberry Road
P.O. Box 147006
Gainesville, Florida 32614-7006

line #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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-04/22/98--01067--002

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1. _____ (Corporation Name) _____ (Document #)
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<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Name Availability	AL 4-22
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Updater Verifier	AL
Acknowledgement	AL
W. P. Verifier	AL

Examiner's Initials	
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**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is NORTH FLORIDA REGIONAL MEDICAL CENTER -
GAINESVILLE PO, P.L.

2. The effective date of the limited liability company's dissolution is 12/31/97

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

UNANIMOUS WRITTEN AGREEMENT OF ALL MEMBERS

4. 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 608.4421.

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

6. CHECK ONE :

There are no suits pending against the company in any court.


-OR-

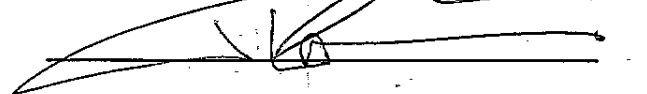
Adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Signatures of all members :

Signature

Typed or Printed name





Thomas Zavelson, M.D.

Timothy Lane, M.D.

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 3, 1998

NORTH FLORIDA REGIONAL MEDICAL CENTER
P.O. BOX 147006
GAINESVILLE, FL 32614-7006

SUBJECT: NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE
PO, P.L.
Ref. Number: L94000000571

We have received your document for NORTH FLORIDA REGIONAL MEDICAL CENTER-GAINESVILLE PO, P.L.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 487-6020.

Tammi Cline
Document Specialist

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