198000000 141

Mark A	grest:	
Requ	estor's Name	
2151 45th	Street Ste	267
	Address	
W. P. B 1	1 33407	·
City/State/Zi	Phone #	

Office Use Only

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

	• • • • • • • • • • • • • • • • • • • •		
1. Palm	(Corporation Name)	Psychiatry L.C. (Doctiment #)	
2	(Corporation Name)	(Document #)	0 de 1
3	(Corporation Name)	(Document #)	
4	(Corporation Name)	(Document #)	2 10 10 10 10 10 10 10 10 10 10 10 10 10
Walk in	Pick up time	Certified Copy	5
		Photocopy Certificate of Status	4nh 7/27
Walk in Mail out	☐ Will wait		5 mm 7/27

NEW FILINGS
 Profit
NonProfit
 Limited Liability
Domestication
Other

AMENDMENTS
Amendment
 Resignation of R.A., Officer/ Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

1000029385415
-07/22/9901056004
*****52.50 *****52.50

OTHER FILINGS
Annual Report
 Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is PA	LM BEACH P	SYCHIATRY, L.C.	
1. The name of the limited hability company is		L98-10	11
2. The effective date of the limited liability compar	y's dissolution	is <u>12/31/98</u>	· .
3. A description of the occurrence that resulted in section 608.441, Florida Statutes, (copy of	the limited liab 608,441 on bac	oility company's dissoleck of cover letter).	ution pursuant to
BY UNANIMOUS WRITTEN AC	REEMET OF	ALL MEMBERS	-
	<u>.</u>	± .	99 3
			三
			2 P
 4. CHECK ONE: All debts, obligations and liabilities of the limitage. OR- Adequate provision has been made for the debt All remaining property and assets have been directive rights and interests. 	ts, obligations	and liabilities pursuant	to s. 608.4421.
6. CHECK ONE: ☐ There are no suits pending against the compan	y in any court.	,	
-OR- Adequate provision has been made for the sati be entered against it in any pending suit.	sfaction of any	judgment, order or de	cree which may
Signatures of all members:			
Signature	Typed or Pi	rinted name	
16/1/19/VI	_ DR _ MAR	K AGRESTI	
Granh H/ July 1910	DR. FRA	NZ LUBIN	
A Trespose of	DR. GIN	ETTE DREYFUSS	-
The things	DR. SEF	GE THYS	-

Filing Fee: \$52.50