

L99000008086

May 11<sup>th</sup> 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

100004326751--6  
-05/29/01--01166--002  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Sir/Madam,

As Registered Agent for Medical Excellence, LLC, I am enclosing the Articles of Dissolution of the Company together with pertinent documentation.

Please find enclosed check for the amount of \$25 to cover the Filing Fee.

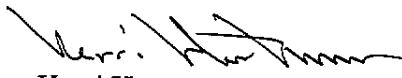
The letter of acknowledgement may be sent to:

203 Spanish Moss Road  
Davenport, FL 33837  
Tel: 863-424-0238

L99-8086

Thanking you for your attention to this matter, I am,

Sincerely yours,

  
Kerri Hartman  
Registered Agent

01 MAY 29 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED  
LR 5/31

2p

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

1. The name of the limited liability company is MEDICAL EXCELLENCE, LLC

2. The effective date of the limited liability company's dissolution is MAY 09, 2001

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).

THE SECOND PARTNER AND MINORITY <sup>SHAREHOLDER</sup> ~~ATTEMPT~~ CONTRIBUTE  
PART OF THE SEED MONEY THUS CONTRAVENING ARTICLE 12(2)  
OF THE BY-LAWS OF THE COMPANY.

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 s. 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 judgment, order or decree which may be entered against it in any pending suit.

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

Signature

Typed or Printed name

Bernard Byrne  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BERNARD BYRNE  
\_\_\_\_\_  
\_\_\_\_\_  
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FILED  
01 MAY 29 PM 2:11  
SHAKES  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA