

M08000003409

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(City/State/Zip/Phone #)

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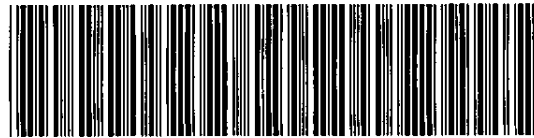
(Business Entity Name)

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NAME: PUTNAM PHYSICIANS PRACTICES, LLC

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* File Fourth *

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Putnam Physician Practices, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

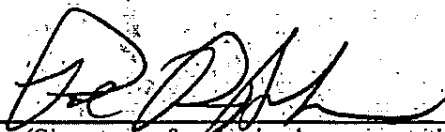
08/01/2008

(Date registered with Florida Department of State)

M08000003609

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Paul R. Hannah, Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00

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