

M100000003402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

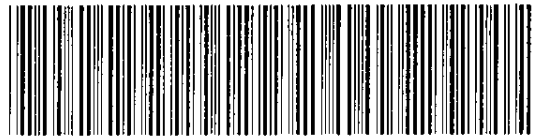
(Business Entity Name)

(Document Number)

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12/20/10--01004--010 \*\*55.00

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10 DEC 20 AM 11:08

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC 20 PM 2:45

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 12/20/2010

**REF. #:** 000638.138560

**CORP. NAME:** WOUND PHYSICIAN MANAGEMENT, LLC

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SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
10 DEC 20 PM 2:45

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input checked="" type="checkbox"/> WITHDRAWAL   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 537783 **FOR \$** 55.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

**WOUND PHYSICIAN MANAGEMENT, LLC**

(Name of limited liability company)

**DELAWARE**

(Jurisdiction of its organization)

**M10000003402**

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

**1413 CENTER DRIVE, SUITE 220**

(Mailing address)

**PARK CITY, UTAH 84098**

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

**NYISHA SHAKUR**

(Typed or printed name of signee)

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**Filing Fee: \$25.00**