

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 12C16CCC0017 Phone : (855)498-55CC Fax Number : (8CO)432-3622

LLC DISSOLUTION OR WITHDRAWAL BHS PHYSICIAN SERVICES OF FLORIDA, LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BHS Physician Services of Florida, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
11/13/2015		
(Date registered with Florida Department of State)		
M15000009130		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
Effective Date, if other than the date of filing: December 31, 2018 (optional)		
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)		
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(Signature of authorized representative)		, ,
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Michael Frost, M.D.	3 = =	<u></u>
(Typed or printed name of signce)	, N	

Filing Fee: \$25.00