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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL PALMS WEST PEDIATRIC NEUROSURGERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

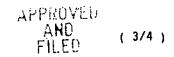
COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT:	PALMS WEST PED	IATRIC NEUROSURGERY, II	NC.
DOCUMENT N	UMBER:	P01000116331	,
The enclosed Arti	icles of Dissolution and	fee are submitted for filing	g.
Please return all co	orrespondence concerni	ng this matter to the follow	ring:
Ceci Estill			
	(Name o	f Contact Person)	
HCA Management		rm/Company)	
One Park Plaza - Leg	•	mi/Company)	
	(,	Address)	
Nashville, TN 37203			
	(City/S	ate and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further inform	ation concerning this m	atter, please call:	
Ceci Estill		at (⁶¹⁵) 34	4-2994
(Name	of Contact Person)		Daytime Telephone Number)
Enclosed is a chec	k for the following amo	ount:	
☞ \$ 35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status &
Amendme	ADDRESS: nt Section	Amer	CET ADDRESS: Independent Section

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



14 APR -1 AH 10:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	PALMS WEST PEDIATRIC NEUROSURGERY, INC.				
SECOND:	The document number of the corporation (if known): P01000116331				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolutio was sufficient for approval.				
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)				
	Signature: (By a director, presidencer other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Natalic H. Cline				
	(Typed or printed name of person signing)				
	Vice President and Secretary (Title of person signing)				
	(LUC OL DETSON KIGNING)				

Filing Fee: \$35

(4/4)

14 APR - 1 AH 10:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corpo	ration: PALMS WEST PEDIATRIC NEUROSURGERY, INC.
	tion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of	information that must be included in a claim:
Mailing addres	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	PALMS WEST PEDIATRIC NEUROSURGERY, INC.
	One Park Plaza
	One Park Plaza
	Nashville, TN 37203
	t the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Natalie H. Cline	
	Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge If included with Articles of Dissolution. If filed separately \$35.00