

Division of Corporations

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PO1000116331

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 : FCA000000023
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

RECEIVED

14 APR -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR -1 AM 10:51

APPROVED
AND
FILED

Electronic Filing Menu Corporate Filing Menu

Help
C. LEWIS
APR 2 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALMS WEST PEDIATRIC NEUROSURGERY, INC.

DOCUMENT NUMBER: P01000116331

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ceci Estill

(Name of Contact Person)

HCA Management Services, L.P.

(Firm/Company)

One Park Plaza - Legal Dept.

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill at (615) 344-2994

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED (3/4)

14 APR -1 AM 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: 02/18/2014

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 dissolution 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: Natalie H. Cline
(By a director, president or 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)

Natalie H. Cline
(Typed or printed name of person signing)

Vice President and Secretary
(Title of person signing)

Filing Fee: \$35

4/1/2014 10:14:21 From: To: 8506176383

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AND
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(4/4)

14 APR -1 AM 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 Corporation: PALMS WEST PEDIATRIC NEUROSURGERY, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PALMS WEST PEDIATRIC NEUROSURGERY, INC.
One Park Plaza
Nashville, TN 37203

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years 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