

PD2000035196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

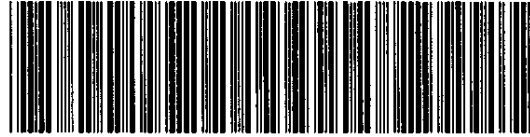
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/27/15--01016--005 **35.00

FILED
15 MAY 27 AM 9:18
CLERK OF COURT
STATE OF TEXAS
COUNTY

JUN 03 2015
C McNAIR

Rumberger
KIRK & CALDWELL

May 26, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Physicians Hospitalist Partners, Inc.
Our File No.: 123028

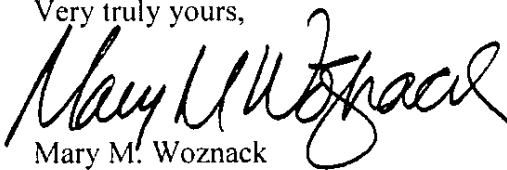
To Whom It May Concern:

The following documents are enclosed:

1. Articles of Dissolution for Physicians Hospitalist Partners, Inc., # P02000035196.
2. A check in the amount of \$35.00 in payment of the filing fee for the dissolution.

For further information concerning this matter, please do not hesitate to contact the undersigned.

Very truly yours,


Mary M. Woznack
Paralegal

/mmw

Enclosures

cc: Clients

Mary M. Woznack
Paralegal
Rumberger, Kirk & Caldwell, P.A.
Attorneys at Law
Lincoln Plaza, Suite 1400
300 South Orange Avenue (32801)
Post Office Box 1873
Orlando, Florida 32802-1873
Phone: 407.872.7300
Fax: 407.841.2133
mzeigler@rumberger.com
www.rumberger.com

15 MAY 27 AM 9:18
FBI - TAMPA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physicians Hospitalist Partners, Inc.

DOCUMENT NUMBER: P02000035196

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

Please return all correspondence concerning this matter to the following:

David C. Willis, Esquire

(Name of Contact Person)

Rumberger, Kirk & Caldwell, P.A.

(Firm/Company)

P. O. Box 1873

(Address)

Orlando, FL 32802

(City/State and Zip Code)

For further information concerning this matter, please call:

David C. Willis, Esquire

(Name of Contact Person)

at (407 839-2186
(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

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:
Physicians Hospitalist Partners, Inc.

SECOND: The document number of the corporation (if known): P02000035196

THIRD: The date dissolution was authorized: 5-18-2015

Effective date of dissolution if applicable: Upon Filing
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

Nayana I. Vyas
(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)

Nayana I. Vyas

(Typed or printed name of person signing)

Sole Shareholder

(Title of person signing)

Filing Fee: \$35

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: Physicians Hospitalist Partners, 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:

Name of Claimant, Address of Claimant, and Telephone number of Claimant

Description of Services or Item(s) Claimed

Date of Claim

Amount of Claim

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

Physicians Hospitalist Partners, Inc., Legal Department, 6416 Old Winter Garden Rd., Orlando, Florida 32835

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.

Nayana I. Vyas

Printed Name of the Person Filing

Nayana I. Vyas

Signature of the Person Filing

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