

P9800011471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

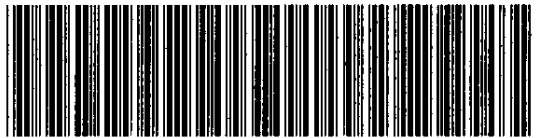
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 28 PM 2:07

FILED



Hospital Physician Partners

PARTNERING FOR RESULTS

April 27, 2010

Florida Department of State
Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

UPS Address:
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Ft. Lauderdale Perinatal Associates, P.A.
ID Number: P98000011471
Articles of Dissolution

Sir/Madam:

Included with this letter are the Articles of Dissolution for Ft. Lauderdale Perinatal Associates, P.A. in the State of Florida and payment in the amount of \$43.75. Once processed, please furnish me with a date stamped copy and a Certificate of Dissolution.

If you have any questions regarding these documents I can be reached by phone at 904-805-1271 or via email at legal@hppartners.com.

Your cooperation and consideration is very much appreciated.

Sincerely

Leslie Carzoli
Senior Paralegal

Enc:
Articles of Dissolution, check

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:
Ft. Lauderdale Perinatal Associates, P.A.

SECOND: The document number of the corporation (if known): P98000011471

THIRD: The date dissolution was authorized: April 1, 2010

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: Michael Pinell MD
(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)

Michael Pinell, MD
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA