

L95000000976

Foley + Lardner

Requestor's Name

Address

200-6100

City/State/Zip

Phone #

500002187745--6

-05/22/97--01003--002

*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500002187745--6

-05/23/97--01003--002

*****17.50 *****17.50

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

3:30

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 JUN -9 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 22 AM 9:49
TALLAHASSEE, FLORIDA

2 DIS
OFF
6/19

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED

97 JUN -9 AM 10:06

May 23, 1997

FOLEY & LARDNER

TALLAHASSEE, FL

SUBJECT: MEDICAL RESOURCE MANAGEMENT, L.C.
Ref. Number: L95000000976

We have received your document for MEDICAL RESOURCE MANAGEMENT, L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a Florida limited liability company must be signed by all members.

Please include the exhibit(s) referred to in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 297A00028136



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1997

FOLEY & LARDNER

TALLAHASSEE, FL

SUBJECT: MEDICAL RESOURCE MANAGEMENT, L.C.
Ref. Number: L95000000976

We have received your document for MEDICAL RESOURCE MANAGEMENT, L.C. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file this document is \$52.50. For each certified copy requested, please add an additional \$52.50.

Articles of Dissolution for a Florida limited liability company must be signed by all members.

Please include the exhibit(s) referred to in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 597A00027997

57 MAY 22 PM 4:25
DIVISION OF CORPORATIONS
RECEIVED

**ARTICLES OF DISSOLUTION
OF
MEDICAL RESOURCE MANAGEMENT, L.C.**

The undersigned, Kenneth K. Hines, M.D., President of **MEDICAL RESOURCE MANAGEMENT, L.C.**, hereby adopts and submits for filing the following Articles of Dissolution of a limited liability company pursuant to Section 608.445 of the Florida Limited Liability Company Act:

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company is Medical Resource Management, L.C. (the "Corporation").

ARTICLE II - EFFECTIVE DATE OF DISSOLUTION

The effective date of the Corporation's dissolution is the close of business the 31st day of August, 1996.

ARTICLE III - OCCURRENCE OF DISSOLUTION

Pursuant to Section 608.441, all the members of the Corporation unanimously adopted and authorized a Written Consent of Members dated the 28th day of August, 1996 dissolving the Corporation (attached hereto as Exhibit A).

ARTICLE IV - DISCHARGE OF DEBTS

Pursuant to Section 608.4421, there are no funds, assets, or property with which to satisfy any known, unknown, contingent, conditional, or unmatured claims and/or obligations of the Corporation.

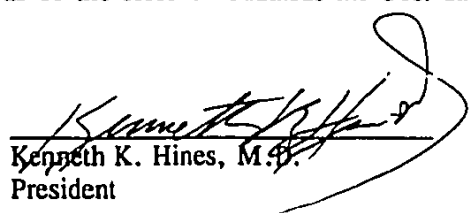
ARTICLE V - DISTRIBUTION OF PROPERTY AND ASSETS

There is no property or assets to distribute among the members of the Corporation.

ARTICLE VI - PENDING SUITS

As to the best knowledge of the Corporation, there are no suits pending against the Corporation in any court. There are no funds, assets, or property with which to satisfy any unknown or contingent claims against the Corporation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 6th day of May, 1997 but effective as of the close of business the 31st day of August, 1996.


Kenneth K. Hines, M.D.
President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 6th day of May, 1997,
by Kenneth K. Hines, M.D. Such person did not take an oath and: *(notary must check
applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

{Notary Seal must be affixed}

Signature of Notary



SHARON S. PEEK
MY COMMISSION # CC296451 EXPIRES
July 9, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): CC296451

My Commission Expires (if not legible on seal): 7/9/97

EXHIBIT A

MEDICAL RESOURCE MANAGEMENT, LC

WRITTEN CONSENT OF MEMBERS

August 31, 1996 at the close of business
The undersigned, being all of the Members of Medical Resource Management, LC (the "Company"), do hereby agree to the dissolution of the Company pursuant to Florida Statutes, Section 608.441 and the Articles of Organization and the Operating Agreement of the Company. This action is effective immediately, and the Board of Managers, or its designees, are hereby directed to take all steps and actions necessary to effectuate the dissolution and to file Articles of Dissolution with the Department of State.

Action taken this 28th day of August, 1996, at a Special Meeting of the Members, duly called for this purpose.

DRS. MORGAN, HIATT, HINES, CULBERT & MARCH, P.A.

By: [Signature]
Name: R. Scott Mahan MD
Title: _____

FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.

By: [Signature]
Name: MARC F. SIEGEL, M.D.
Title: _____

DEARMAS RADIOLOGY ASSOCIATES, P.A.

By: [Signature]
Name: C.R. DEARMAS JR. M.D.
Title: _____

SOUTHEAST RADIOLOGY ASSOCIATES, P.A.

Ratified and Agreed to:

SOUTHEAST RADIOLOGY
ASSOCIATES, P.A.

By: _____
Daniel A. Myerson, M.D.

By: [Signature] *for Dan Myerson by Proxy*
Name: N.W. Barton, MD
Title: Treasurer

JOHN J. WHEELER

[Signature]

APPOINTMENT OF PROXY**MEDICAL RESOURCE MANAGEMENT, L.C.**

The undersigned hereby appoints Dr. N. Baron as
proxy with full power of substitution to represent and vote on behalf of the undersigned on
any and all matters that require the vote of the undersigned at the Meeting of Members on
Aug 28, 1996 1996, and any adjournments thereof, with all the powers
the undersigned would possess if present.

IN WITNESS WHEREOF, this Proxy has been signed the 28 day of
Aug 1996.

Daniel A. Hyman
Daniel A. Hyman
Print Name:

Southeast Radiology Associates, P A.