



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545 1150

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MACDONALD PHYSICIANS, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite 11100 EUCLID AVENUE, MAC 5034 City or town, state or country, and ZIP + 4 CLEVELAND OH 44106	D Employer identification number 34-1929496 E Telephone number (216) 844-8027 F Group Exemption Number ▶
---	---	--	---

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	0.
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	950.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	33,590.
	17 Total expenses. Add lines 10 through 16	17	34,540.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,540.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	176,124.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-141,584.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	0.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,402.	0.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	93,722.	0.
25 Total assets	176,124.	0.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,124.	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

68
6

SCANNED OCT 28 2010

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b _____	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a _____	
b Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0., section 4912 ▶ _____ 0., section 4955 ▶ _____ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>Ohio</u>		

42a The organization's books are in care of **▶** LAURA CHURCHILL Telephone no **▶** (216) 844-8027
 Located at **▶** 11100 EUCLID AVE. CLEVELAND OH ZIP + 4 **▶** 44106

	Yes	No
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** _____

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer *James A. Lew* Date *10/4/2010*
 Type or print name and title *President James A. Lew*

Paid Preparer's Use Only

Preparer's signature *Dr. E. Re CPA* Date *09/23/10* Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 *Richlak, Lawyer & Co. 9140 Tyler Boulevard Mentor OH 44060* Preparer's Identifying Number (See instructions) *(440) 255-4400*
 EIN *OH 44060* Phone no *(440) 255-4400*

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization MACDONALD PHYSICIANS, INC.	Employer identification number 34-1929496
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	12,469,451.	16,224,045.	2,026,602.	20,667.	0.	30,740,765.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,469,451.	16,224,045.	2,026,602.	20,667.	0.	30,740,765.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						30,740,765.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	12,469,451.	16,224,045.	2,026,602.	20,667.	0.	30,740,765.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,473.	20,881.	14,511.	639.	0.	45,504.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,473.	20,881.	14,511.	639.	0.	45,504.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						30,786,269.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.85%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.88%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.15%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.12%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Part I, Line 7c DISSOLUTION PAPERS WERE FILED WITH THE OHIO SECRETARY OF STATE'S OFFICE ON DECEMBER 21, 2009.

Part I, Line 2e ALL DIRECTORS BECAME EMPLOYEES OF UNIVERSITY HOSPITALS CASE MEDICAL CENTER. THE DIRECTORS NAMES AS FOLLOWS:

- 1. JAMES LIU MD
- 2. MICHAEL GYVES MD
- 3. STEVEN WAGGONER MD

200935600509

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/23/2009	200935600509	DOMESTIC/DISSOLUTION (DIS)	50 00	00	00	00	.00

Receipt

This is not a bill. Please do not remit payment

UNIVERSITY HOSPITALS - BRADLEY F. CLEMENT
UH MANAGEMENT SERVICES CTR, LL174
3605 WARRENSVILLE CTR RD
SHAKER HEIGHTS, OH 44122

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1159086

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MACDONALD PHYSICIANS, INC.

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/DISSOLUTION

Document No(s).
200935600509



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 21st day of December, A.D.
2009.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State



Prescribed by
The Ohio Secretary of State
Central Ohio (614) 466-3910
Toll Free 1-877-SOS-FILE (1-877-767-3153)

www.sos.state.oh.us
e-mail busserv@sos.state.oh.us

Expedite this Form* (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$100 ***	
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY SHAREHOLDERS, DIRECTORS, OR INCORPORATORS

(Domestic Profit)
(Filing Fee \$50.00)

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Shareholders (150-DISS)	(2) <input type="checkbox"/> Directors (137-DISD)	(3) <input type="checkbox"/> Incorporators (136-DISI)
---	---	---

Complete the general information in this section for the box checked above

MacDonald Physicians, Inc
(Exact Name of Corporation)

11159086
(Charter Number)

James Liu, MD who is President
(Name) (Title)

I, the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on May 31, 2000 do hereby certify that
(Date)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

The place where its principal office in Ohio is or is to be located is
Cleveland, Ohio Cuyahoga
(City, Township or Village) (County)

The name and Ohio address of statutory agent is
Janet Miller
(Name)
3605 Warrensville Center Road
(Street) NOTE: P O Box Addresses are NOT acceptable.

Shaker Heights, Ohio 44122
(City) (Zip Code)

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the
Statutory agent for the corporation named herein hereby acknowledges and accepts the appointment of
statutory agent for said corporation

Signature _____
(Statutory Agent)



Prescribed by
The Ohio Secretary of State
Central Ohio (614) 466-3910
Toll Free 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 <small>*** Requires an additional fee of \$100 ***</small>
<input type="radio"/> No	PO Box 1329 Columbus, OH 43218

**CERTIFICATE OF DISSOLUTION BY
SHAREHOLDERS, DIRECTORS, OR INCORPORATORS**
(Domestic Profit)
(Filing Fee \$50.00)

2009 DEC 21 PM 3:03

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Shareholders (150-DISS)	(2) <input type="checkbox"/> Directors (137-DISD)	(3) <input type="checkbox"/> Incorporators (138-DIS)
---	---	--

Complete the general information in this section for the box checked above.

MacDonald Physicians, Inc
(Exact Name of Corporation)
1159086
(Charter Number)

James Liu, MD
(Name) who is President
(Title)

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on May 31, 2000 do hereby certify that
(Date)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

The place where its principal office in Ohio is or is to be located is
Cleveland, Ohio Cuyahoga
(City, Township or Village) (County)

The name and Ohio address of statutory agent is
Janet Miller
(Name)
3605 Warrensville Center Road
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Shaker Heights, Ohio 44122
(City) (Zip Code)

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the
Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of
statutory agent for said corporation

Signature _____
(Statutory Agent)

Complete the information in this section if box (1) or (2) is checked.

The names and complete street addresses of the DIRECTORS are.
Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
James Liu, MD	11100 Euclid Avenue,	Cleveland, Ohio	44106
Steven Waggoner, MD	11100 Euclid Avenue,	Cleveland, Ohio	44106
Michael Gyves, MD	11100 Euclid Avenue,	Cleveland, Ohio	44106

The names and complete street addresses of the OFFICERS are.
Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
James Liu, MD	11100 Euclid Avenue	Cleveland, Ohio	44106
Michael Gyves, MD	11100 Euclid Avenue	Cleveland, Ohio	44106


Complete the information in this section if box (1) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution adopted
 (Check one of the following)

at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise _____ % of the voting power

in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED
 Must be authenticated (signed) by an authorized representative


 Authorized Representative

December , 2009
 Date

Complete the information in this section if box (2) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.88(D) (_____) (must insert proper paragraph of the ORC)

(Check one of the following)

at a meeting duly called and held on _____

in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED
Must be authenticated (signed) by an authorized representative

Authorized Representative	Date

Complete the information in this section if box (3) is checked

The names and complete street addresses of the INCORPORATORS are
Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the Incorporators elect to dissolve the corporation.

REQUIRED
Must be authenticated (signed) by an authorized representative

Authorized Representative	Date
Authorized Representative	Date
Authorized Representative	Date

Complete the information in this section if box (1), (2) or (3) is checked

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.88(H)(6) ORC)

MacDonald Physicians, Inc

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY
Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382

DATE NOTIFIED
December 17, 2009

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Overnight: 4020 East 5th Avenue
Columbus, OH 43219-1811
Regular, P O Box 182413
Columbus, OH 43218-2413
Fax 614-752-4811
Phone 614-466-2319

December 17, 2009

The treasurer of any County named below:

Cuyahoga

December 17, 2009

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

December 17, 2009

(Note This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By [Signature]
Name: James Liu, MD

Title President

11100 Euclid Avenue

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

Ohio

44106

(City)

(State)

(Zip Code)

Sworn before me and subscribed in my presence on

December 18, 2009

(Date)

[Signature]

(Notary Public)

(Notary Seal)

Commission Expires

BRADLEY F. CLEMENT, Atty.
NOTARY PUBLIC - STATE OF OHIO
~~My commission has no expiration date~~
Section 147.03 O.R.C.

Complete the information in this section if box (1), (2) or (3) is checked

STATE OF OHIO
 County of Cuyahoga SS

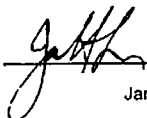
James Liu, MD, being first duly sworn, deposes and says that she/he is
President of MacDonald Physicians, Inc.

that this affidavit is made in compliance with section 1701.86 of the O.R.C.
(Title) (Section #)


That said corporation has (Check one of the following)

A has no personal property in any county in the State of Ohio.
 B personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date

Signature: 
 Name James Liu, MD

Sworn before me and subscribed in my presence on December 18, 2009
(Date)


(Notary Public)

**BRADLEY F. CLEMENT, Atty.
 NOTARY PUBLIC • STATE OF OHIO
 My commission has no expiration date
 Section 147.03 O.R.C**

(Notary Seal) Commission Expires _____
(Date)

Name as Shown on Return
MACDONALD PHYSICIANS, INC.

Employer Identification No
34-1929496

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE- NET OF CONTRACTUAL SERVICE ADJUSTMENTS	588.	
INTANGIBLE ASSETS- PWHI - NET OF AMORTIZATION	27,580.	
PREPAID EXPENSES	1,180.	
EQUIPMENT- NET OF DEPRECIATION	64,374.	
Totals to Form 990-EZ, Part II, line 24	93,722.	
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
DUES, SUBSCRIPTIONS & LICENSES	100.
OFFICE SUPPLIES & EXPENSE	393.
PURCHASED SERVICES- OTHER	4,250.
Amortization	27,580.
PURCHASED SERVICES- UNIV HOSPITAL	384.
TELEPHONE & ANSWERING SERVICE	295.
UNCOLLECTIBLE ACCOUNTS RECEIVABLE	588.
Total	<u>33,590.</u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
TRANSFER TO UNIVERSITY HOSPITALS CASE MEDICAL CENTER- EQUIPMENT	-64,374.
TRANSFER TO UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CASH	-77,210.
Total	<u>-141,584.</u>