

740976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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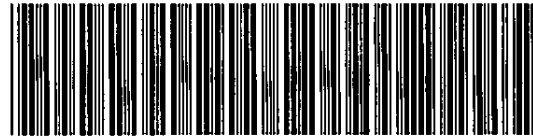
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUL -7 PM 2:28

Dissolution

JUL 09 2014

T. CARTER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Newporter Maintenance Corporation, Inc.

**DOCUMENT NUMBER:** 740976

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

Please return all correspondence concerning this matter to the following:

**Melissa Larsen**

(Name of Contact Person)

**Radiology Associates of West Pasco**

(Firm/Company)

**P.O. Box 1175**

(Address)

**New Port Richey, FL 34656**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Melissa Larsen**

(Name of Contact Person)

at **(727)**

(Area Code)

**841-8225 ext 410**

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                                   |                                                                                                     |                                                                                                                               |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 JUL -7 PM 4:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 20, 2014

MELISSA LARSEN  
RADIOLOGY ASSOCIATES OF WEST PASCO  
P.O. BOX 1175  
NEW PORT RICHEY, FL 34656 US

SUBJECT: NEWPORTER MAINTENANCE CORPORATION, INC.  
Ref. Number: 740976

We have received your document for NEWPORTER MAINTENANCE CORPORATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If it is your intent to file the notice of Corporate Dissolution along with the Articles of Dissolution please complete the Description of information that must be included in a claim. Otherwise, detach the ~~Notice~~ and resubmit the Articles of Dissolution.

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 (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 014A00013486

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

**Newporter Maintenance Corporation, Inc.**

SECOND: The document number of the corporation (if known): **740976**

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was **4/29/2014**.

The number of directors in office was **4** and the vote for resolution was **4** for and **0** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **N/A; date of filing**  
(no more than 90 days after dissolution file date)

Signature: \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**Todd Kaplan**

(Typed or printed name of person signing)

**Incorporator, Registered Agent**

(Title of person signing)

**Filing Fee: \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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