## P1000077632

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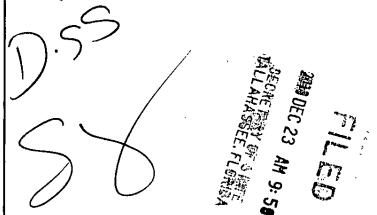
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** SUBJECT: Vohra Wound Physicians of PA, P.A. The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luis M. Vissepo (Name of Contact Person) Vohra Wound Physicians (Firm/Company) 3601 SW 160th Avenue, Suite 250 (Address) Miramar, Florida 33027 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 213-6251
(Area Code & Daytime Telephone Number) Luis M. Vissepo (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Vohra Wound Physicians of PA, P.A.	
SECOND:	The document number of the corporation (if known): 10000077632	
THIRD:	The file date of the articles of incorporation: 9/23/2010	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	✓ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	No debt of the corporation remains unpaid.  The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.  Adoption of Dissolution (CHECK ONE)	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	ature:	
	(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.)	
	Ameet Vohra, M.D.	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35