## Requestor's Name 300002794943--4 -03/04/99--01089--006 \*\*\*\*\*35.00 \*\*\*\*\*35.00 $\overline{C}$ Wm BRENDLE GLOMB, M.D. P.O. BOX 531147 ORLANDO, FLORIDA 32853-1147 Office Use Only NUMBER(S), (if known): CORPCINATION MANAGE, (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION. Annual Report Foreign Fictitious Name

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

Name Reservation

## 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 is: William Brendle Glomb, M.D., P.
SECOND:	The date dissolution was authorized: 1/1/99
THIRD:	Adoption of Dissolution (CHECK ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss.	olution was approved by vote of the shareholders through voting groups.
Ti er	The following statement must be separately provided for each voting group  P  ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	President (voting group)
Signe	d this 2rd day of February , 19 99.
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	William Brendle Gtomb (Typed or printed name)
	President (Title)