601035

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TO: Amendment Section **Division of Corporations SUBJECT:** Dissolution of Corporation 601035 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas J. Lescher, M.D. (Name of Contact Person) Colon and Rectal Surgery Associates (Firm/Company) 1960 NE 47 Street, Suite 102 (Address) Fort Lauderdale, Florida 33308 (City/State and Zip Code) For further information concerning this matter, please call: at (954 Thomas J. Lescher, M.D. (Name of Contact Person) (Area Code & Daytime Telephone Number) 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** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 as currently filed with the Florida Department of State:
	Colon & Rectal Surgery Associates, P.A.
SECOND:	The document number of the corporation (if known): 601035
THIRD:	The date dissolution was authorized: 12/31/2010
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	E.F.F.S
	Signature: (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)
	Thomas J. Lescher, M.D.
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)

Filing Fee: \$35