

216832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

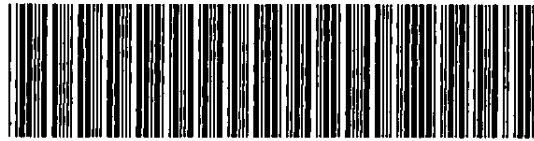
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 MAR 16 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.
SP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2007

Dr. Louis R. Barrow
3012 Blackshear Avenue
Pensacola, FL 32503-4175

SUBJECT: EAST HILL CLINIC, INC.
Ref. Number: 216832

We have received your document for EAST HILL CLINIC, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To voluntarily dissolve a corporation, Articles of Dissolution must be filed and information is enclosed. The documents submitted do not constitute Articles of Dissolution. Also, minutes are not filed in this office and should be maintained with the records of the corporation.

Form 966 should be filed with the Internal Revenue Service.

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) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 407A00016342

RECEIVED
07 MAR 16 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAST HILL CLINIC, INC.

DOCUMENT NUMBER: 216832

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

Please return all correspondence concerning this matter to the following:

DR. LOUIS R. BARROW

(Name of Contact Person)

(Firm/Company)

3012 BLACKSHEAR AVENUE

(Address)

PENSACOLA, FL 32503-4175

(City/State and Zip Code)

For further information concerning this matter, please call:

EMORY M. LINNVILLE, CPA

(Name of Contact Person)

at (850) 432-6189

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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

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:

EAST HILL CLINIC, INC.

SECOND: The document number of the corporation (if known): 216832

THIRD: The date dissolution was authorized: DECEMBER 15, 2006

Effective date of dissolution if applicable: DECEMBER 31, 2006

(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. - ONE

☐ 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

(voting group)

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)

DR. LOUIS R. BARROW

(Typed or printed name of person signing)

PRESIDENT / SECRETARY

(Title of person signing)

Filing Fee: \$35