

482769

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DIVISION OF CORPORATIONS
12 MAY 14 AM 10:38

Art Dis
@ 5/18/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BERRIOS PROFESSIONAL ASSOCIATION

DOCUMENT NUMBER: 482769

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

Please return all correspondence concerning this matter to the following:

DAVID C SASSER
(Name of Contact Person)

JOHNSTON AND SASSER P.A.
(Firm/Company)

140 SOUTH MAIN ST.
(Address)

BROOKSVILLE FL 34601
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID C. SASSER at (352) 796-5123
(Name of Contact Person) (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:
BERRIOS PROFESSIONAL ASSOCIATION

SECOND: The document number of the corporation (if known): 482769

THIRD: The date dissolution was authorized: MAY 1, 2012

Effective date of dissolution if applicable: MAY 1, 2012
 (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

 (voting group)

Signature: Esther B Watson on behalf of Jaida H Berrios
 (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)

ESTHER B Watson

(Typed or printed name of person signing)

by POA

(Title of person signing)

Filing Fee: \$35

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DURABLE POWER OF ATTORNEY

By this Durable Power of Attorney, I, ZAIDA H. BERRIOS, of Hernando County, Florida, appoint my daughter ESTHER B. WATSON, whose address is 1119 Fox Chapel Dr., Lutz, FL 33549 and whose telephone number is (813) 833-1928, as my attorney-in-fact to manage my affairs. If ESTHER B. WATSON should be unable or unwilling to serve for any reason, I appoint my daughter DENNISSE H. BERRIOS, whose address is 1040 Buena Vista Avenue, Brooksville, FL 34601 and whose telephone number is (352) 650-2320, as my attorney-in-fact to manage my affairs.

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer, except as provided by statute, and it shall be exercisable from this date. All acts done under this power by my attorney-in-fact shall bind me, my heirs, devisees, and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney-in-fact to:

1. Collect all sums of money and other property that may be payable or belonging to me and execute receipts, releases, cancellations, or discharges.

2. Settle any account in which I have any interest and pay or receive the balance of that account.

3. Borrow money on the terms and with the security as my attorney-in-fact thinks fit and execute all notes, mortgages, and other instruments that my attorney-in-fact finds necessary or desirable.

4. Draw, accept, endorse, or otherwise deal with any checks or other commercial instruments, specifically including the right to make withdrawals from any checking or savings account.

5. Redeem bonds issued by the United States government or any of its agencies, any other bonds, any certificates of deposit, or other similar assets belonging to me.

6. Sell or redeem any of my assets, including but not limited to real estate, bonds, shares of stock, mutual funds, annuities, warrants, or debentures; execute all assignments and deeds or other instruments necessary or proper for transferring them to the purchaser or purchasers; and give good receipts and discharges for all money payable with regard to them.

7. Manage, lease, and superintend any of my real estate.

8. Purchase bonds, shares of stock, mutual funds, and any other securities, annuities, or real estate as my attorney-in-fact thinks fit.

9. Vote at all meetings of stockholders of any company and otherwise act as my proxy with respect to my shares of stock or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those shares of stock.

10. Execute on my behalf any tax return, make any tax elections or consents that I could make, and act for me in any examination, audit, hearing, conferences, or litigation relating to taxes, including the authority to file and prosecute refund claims and enter into any settlements.

11. Engage, employ, and dismiss any agents, clerks, servants, or other persons as my attorney-in-fact, in her sole discretion, shall consider necessary or advisable.

12. Prosecute, defend, and settle all actions or other legal proceedings with regard to any of my assets in any manner.

13. Purchase bonds issued by the United States, commonly known as "flower bonds," that can be applied at face or maturity value on account of estate tax liabilities.

14. Organize, either singly or in conjunction with others, a corporation, partnership, or other entity, and transfer assets to that entity.

15. Make gifts of any of my property in connection with estate, gift, income, or generation-skipping tax planning procedures for me consistent with my general testamentary intent. Provided, however, that gifts to my attorney-in-fact shall not exceed the annual exclusion as described in Internal Revenue Code §2503(b) as amended from time to time.

16. Exercise any power of revocation or amendment retained by me over any living trust of which I am or may become grantor as may be required or advisable to better accomplish my intent as expressed therein and transfer any of my assets to the trustee of any living trust of which I am or may become grantor and create a living trust for me, consistent with my general testamentary interest.

17. Disclaim any assets passing to me.

18. Enter any safe deposit box standing in my name, alone or jointly, and remove any or all contents.

19. Collect and receive all sums of money and other property that may be payable to me by reason of my participation in a qualified retirement plan, by reason of my being the beneficiary of

a participant in a qualified retirement plan, or that may be payable to me, as owner or beneficiary, from an Individual Retirement Account.

20. Make on my behalf any elections or choices available to me and give on my behalf any consents required, by reason of either my participation in or my being the beneficiary of a participant in a qualified retirement plan, and make any elections or choices available to me and give on my behalf any consents required under any Individual Retirement Account of which I am the owner or beneficiary, including the right to withdraw money and make investment decisions.

21. Establish for my benefit one or more Individual Retirement Accounts with any trustee or custodian.

22. Transfer any of my assets to the trustee or custodian of an Individual Retirement Account established for my benefit.

23. Execute and fund on my behalf an Irrevocable Income Cap Trust to enable me to qualify for Medicaid benefits or any other governmental assistance program.

24. Do anything regarding my estate, property, and affairs that I could do myself if I were competent.

25. Convey or mortgage homestead property. If I am married, my attorney in fact may not mortgage or convey homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my spouse.

HIPAA Release Provision. When in the process of determining my incapacity, all individually identifiable health information and medical records may be released to the person who is nominated as attorney, including any written opinion relating to my incapacity that the person so nominated may have requested. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

The powers conferred on my attorney-in-fact extend to all of my right, title, and interest in property in which I may have an interest jointly with any other persons, whether in an estate by the entirety, joint tenancy, or tenancy in common.

Third parties who act in reliance on the authority granted to my attorney-in-fact under this durable power of attorney and in accordance with the instructions of the attorney-in-fact shall be, and hereby are, held harmless by me from any loss suffered or liability incurred as a result of actions taken before receipt of written notice of revocation, suspension, or partial or complete termination of this power, notice of a petition to determine

incapacity, or my death.

My attorney-in-fact shall exercise this durable power of attorney only for my benefit and not to benefit herself except as provided in paragraph 15.

My attorney-in-fact shall not be liable for any acts or decisions made by her in good faith and under the terms of this durable power of attorney.

This instrument is executed by me in the state of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction in which I may have any property or interest in property.

Photostatic copies of this instrument shall have the same force and effect as the original.

I hereby confirm all acts of my attorney-in-fact under this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney-in-fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have set my hand and seal on this 30 day of November, 2009.

Zaida H. Berrios
ZAIDA H. BERRIOS

SIGNED, SEALED, AND DELIVERED
IN THE PRESENCE OF:

David C. Sasser
Witness - David C. Sasser

Roxanne J. Bassett
Witness - Roxanne J. Bassett

STATE OF FLORIDA
COUNTY OF HERNANDO

The foregoing Durable Power of Attorney was acknowledged before me this 30 day of November, 2009, by ZAIDA H. BERRIOS, who is personally known to me or who has produced as identification.

David C. Sasser
Notary Public
My Commission expires:

