

486989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

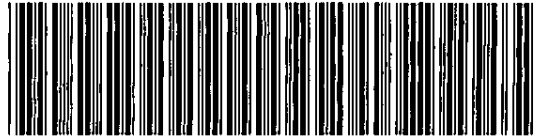
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500122551835

04/09/08--01036--007 \*\*35.00

FILED  
2008 APR -9 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Voldis  
Rewis  
4-14-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physician is now Retired

**DOCUMENT NUMBER:** 486989

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

Please return all correspondence concerning this matter to the following:

MICHAEL M. MICHAELS  
(Name of Contact Person)

MICHAEL M. MICHAELS, M.D., P.A.  
(Firm/Company)

mailing address: 8140 PARKER PLACE  
ROSWELL, GA 30076  
(Address)

physical address: 2300 N. ATLANTIC AVE, #1202  
DAYTONA BCH, FL 32118  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael M. Michaels at (404) 387-1396  
(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

FILED  
2008 APR -9 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MICHAEL M. MICHAELS, M.D., A PROFESSIONAL ASSOCIATION

SECOND: The document number of the corporation (if known): 486989

THIRD: The file date of the articles of incorporation: 10/01/1975

FOURTH: (CHECK AT LEAST ONE BOX) PHYSICIAN RETIRED

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

MICHAEL M. MICHAELS

(Typed or printed name of person signing)

PRES.

(Title of Person Signing)

Filing Fee: \$35