

500294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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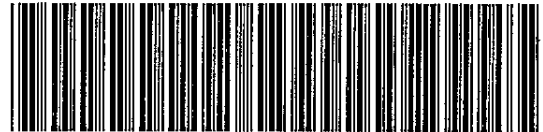
(Business Entity Name)

(Document Number)

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of vol.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF ROBERT E. DUNCAN, M.D., P.A.

**DOCUMENT NUMBER:** 500294

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

Please return all correspondence concerning this matter to the following:

ROBERT E. DUNCAN, M.D.

(Name of Person)

ROBERT E. DUNCAN, M.D., P.A.

(Name of Firm/Company)

900 ORIENTAL GARDENS RD.

(Address)

JACKSONVILLE, FL 32207

(City/State/and Zip Code)

For further information concerning this matter, please call:

ROBERT E. DUNCAN, M.D.

(Name of Person)

at ( 904 ) 399-3000

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

ROBERT E. DUNCAN, M.D., P.A.

SECOND: The document number of the corporation (if known): 500294

THIRD: The date dissolution was authorized: 3/01/05

Effective date of dissolution if applicable: 3/31/05

(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 of 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)

Signed this 30TH day of MARCH, 2005

Signature: X

Robert E Duncan MD  
(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)

ROBERT E. DUNCAN, M.D.

(Typed or printed name of person signing)

PRES.

(Title of person signing)

**Filing Fee: \$35**

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