

533540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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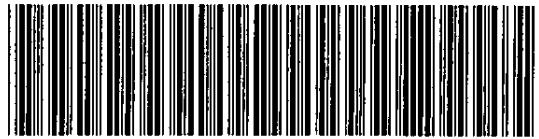
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 01 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution for J. Michael Jasper, M.D., P.A.

DOCUMENT NUMBER: 533540

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

Please return all correspondence concerning this matter to the following:

J. Michael Jasper

(Name of Contact Person)

J. Michael Jasper, M.D., P.A.

(Firm/Company)

1919 E LaRua Street

(Address)

Pensacola, Florida 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Michael Jasper

(Name of Contact Person)

at (850) 572-3374

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
08 JAN 29 PM 3:17
SUBMITS THE FOLLOWING ARTICLES
CLERK OF STATE
TALLAHASSEE, FLORIDA

08 JAN 29 PM 3:17
SUBMITTS THE FOLLOWING ARTICLE:
TALLAHASSEE, FLORIDA

J. Michael Jasper, M.D. P.A.

The document number of the corporation (if known): 533540

The date dissolution was authorized: December 31, 2007

(no more than 90 days after dissolution file date)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

(voting group)

(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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35