

558759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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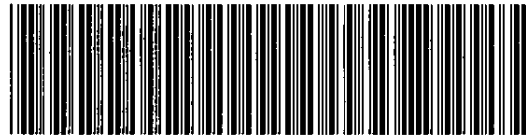
(Business Entity Name)

(Document Number)

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04/18/11--01016--018 \*\*35.00

FILED  
2011 APR 18 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*4/19/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Pearson & Maluso, M.D, P.A.

**DOCUMENT NUMBER:** 558759

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

Please return all correspondence concerning this matter to the following:

Brian B. Bolton

(Name of Contact Person)

Bolton & Helm LLP

(Firm/Company)

723 East Colonial Drive

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Wade

(Name of Contact Person)

at ( 407 ) 781-0345

(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:

**FILED**

**2011 APR 18 PM 4:04**

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**Pearson & Maluso, M.D., P.A.**

SECOND: The document number of the corporation (if known): **558759**

THIRD: The date dissolution was authorized: **4/6/2011**

Effective date of dissolution if applicable: **4/15/2011**  
(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: Paul Maluso  
(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)

**Paul Maluso**

\_\_\_\_\_  
(Typed or printed name of person signing)

**President/Director**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**