

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000372544 3)))



H190003725443ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 12016000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

2019 DEC 30 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

DISSOLUTION OR WITHDRAWAL
SOBEL & SOFMAN, M.D., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

JAN - 3 2020

2019 DEC 30 PM 1:41

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:
SOBEL & SOFMAN, M.D., P.A.

SECOND: The document number of the corporation (if known): 563746

THIRD: The date dissolution was authorized: December 30, 2019

Effective date of dissolution if applicable: December 31, 2019
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

FILED
2019 DEC 30 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FL

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)

Stuart A. Sobel, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35