

565549

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	:
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Office Use Only



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Sonkin & Sayer MD, P.A. P.O.Box 15577
Plantation, Fl 33318
March 16, 2012

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

Please find attached the Articles of Dissolution form.

We require a certified copy as well so we have included a check for (\$35.00 + \$8.75 = \$43.75.

I can best be reached on my cell #954-336-7140.

Sincerely yours,

Brian L. Sayer, M.B.

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:
	SONKIN + SAYER MDS PA
SECOND:	The document number of the corporation (if known): 565549
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file (see)
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
dia.	DRS SONKIN L SAYER (voting group)
S	Signature: E'li Davil Inhui
	(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)
	Eli David Sonkin
_	(Typed or printed name of person signing)
	President
-	(Title of person signing)

Filing Fee: \$35