

577464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700043088997

12/03/04--01017--015 **35.00

FILED
04 DEC -3 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN DEC - 8 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF FLORIDA CORPORATION (PROFESSIONAL ASSOCIATION)

DOCUMENT NUMBER: 59-1829137

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

Please return all correspondence concerning this matter to the following:

LUIS M. PENA

(Name of Person)

LUIS M. PENA, M.D., P.A.

(Name of Firm/Company)

1753 US 27 NORTH

(Address)

AVON PARK, FL, 33825

(City/State/and Zip Code)

For further information concerning this matter, please call:

MARTA PENA SCHOLTES CPA

(Name of Person)

at (410)

372-0811

(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 5327
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 Department of State:

LUIS M. PENA, M.D., P.A.

SECOND: The document number of the corporation (if known): 577464

THIRD: The date dissolution was authorized: 09/30/2004

Effective date of dissolution if applicable: _____
(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 _____ day of _____

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)

LUIS M. PENA

(Typed or printed name of person signing)

PRESIDENT/OWNER

(Title of person signing)

Filing Fee: \$35

FILED
04 DEC -3 PM 2:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE