

589524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

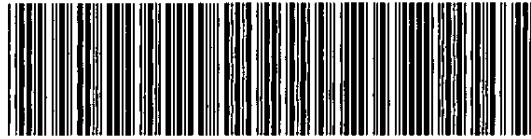
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TALLAHASSEE, FLORIDA

Diss.

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4-1-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 589524

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

Please return all correspondence concerning this matter to the following:

Rochelle Shainbrown
(Name of Contact Person)

North Florida Eye Clinic PA
(Firm/Company)

PO BOX 24406 3020 Hartley Rd.
(Address)

Jacksonville, FL 32241 Jacksonville, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Rochelle Shainbrown at (904) 292-2020
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2009

ROCHELLE SHAINBROWN
NORTH FLORIDA CLINIC PA
PO BOX 24406
JACKSONVILLE, FL 32241

SUBJECT: NORTH FLORIDA EYE CLINIC, P.A., RONALD SINGAL, M.D., AND
SHELDON SINGAL, M.D.

Ref. Number: 589524

We have received your document for NORTH FLORIDA EYE CLINIC, P.A.,
RONALD SINGAL, M.D., AND SHELDON SINGAL, M.D. and your check(s)
totaling \$35.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

Enclosed is a computer printout for the document number provided on your
document, if this is the correct corporation, please correct your corporate name
on the document.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 709A00009906

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
NORTH FLORIDA EYE CLINIC, PA., RONALD SINGAL, MD., AND SHELDON SINGAL, MD.

SECOND: The document number of the corporation (if known): 589524

THIRD: The date dissolution was authorized: December 31, 2008

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 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: _____

(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)

SHELDON SINGAL, MD

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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