

600587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

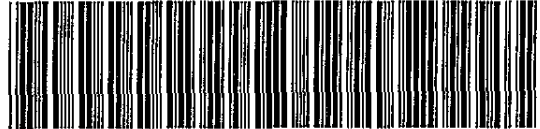
(Business Entity Name)

(Document Number)

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10/28/04--01005--012 **43.75

EFFECTIVE DATE
- 10-31-04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 28 PM 12: 55

FILED

Dissolution

T BROWN NOV - 5 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Neil R. Newberg, M.D., P.A.

DOCUMENT NUMBER: 600587

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

Please return all correspondence concerning this matter to the following:

Neil R. Newberg, M.D.
(Name of Person)

(Name of Firm/Company)

P.O. Box 2003
(Address)

Winter Park, FL 32790
(City/State/and Zip Code)

For further information concerning this matter, please call:

Neil R. Newberg, M.D. at (407) 248-5096
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
10-31-04

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:

Neil R. Newberg, M.D., P.A.

SECOND: The document number of the corporation (if known): 600587

THIRD: The date dissolution was authorized: 09/30/04

Effective date of dissolution if applicable: 10/31/04
(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 25th day of October, 2004.

Signature: Neil R. Newberg
(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)

Neil R. Newberg, M.D.
(Typed or printed name of person signing)

P, D
(Title of person signing)

Filing Fee: \$35

FILED
04 OCT 28 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA