1000643

·		
(Requestor's Name)		
(Address)		
(Address)		
Ç. .		
(City/State/Zip/Phone #)		
	_	_
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Da	cument Number)	
(D0	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800080983628

10/30/06--01032--018 **35.00

FILED

06 OCT 30 PM 2: 28
SECRETARY OF STATE

15/3,/05 7/55; w/ notice

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: BURNELL JONES, M.D. PA	
DOCUMENT NUMBER: 600643	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERT TRIT SCHLISE (Name of Contact Person)	
(Name of Contact Person)	
GT Associates LLC (Firm/Company)	
(Firm/Company)	
2822 PROCTOR ROAD SULTE B (Address)	
(Address)	
SARASOTA FL 34779	
SARASOTA, FL 34229 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ROBERT TRIT SCHLER at (941) 922-9661 (Name of Contact Person) (Area Code & Daytime Telep	1 27
(Name of Contact Person) (Area Code & Daytime Telep	hone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee & \$\bigs\\$643.75 Filing Fee & \$\bigs\\$52.50 Filing Fee & \$\bigs\\$643.75 Filing Fee & \$\bigs\\$52.50 Filing Fee & \$\bigs\\$643.75 Filing Fee	f Status & py
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FOURTH:

Effective date of dissolution if applicable:	(00 1 00 1 10 10 10 10 10 10 10 10 10 10
	(no more than 90 days after dissolution file date)
Adoption of Dissolution (CHECK ONE)	
Dissolution was approved by the sharehowas sufficient for approval.	olders. The number of votes cast for dissolution
Dissolution was approved by the shareho	olders through voting groups.
The following statement must be separately to vote separately on the plan to dissolve:	provided for each voting group entitled
The number of votes cast for dissolution was	sufficient for approval by

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)

BURWELL JONES, MS

(Typed or printed name of person signing)

CTitle of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: BURWELL JONES, M.D. PA.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NANE
ADDRESS
PATE OF CLAIM
DATE OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 7051 TURTHE LANE SARA SOTA, FL 34241
SARA SOTA, FL 34241
·
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
SURWELL JONES, MD June June 1
Printed Name of the Person Filing Signature of the Person Filing