

601059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

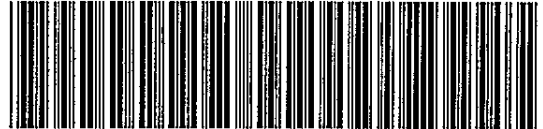
(Business Entity Name)

(Document Number)

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04 NOV 15 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN NOV 23 2004

Dissolution

WILLIAM A. HUNTER, M.D., P.A.  
SURGERY AND DISEASES OF THE EYE  
2200 SIXTEENTH STREET NORTH  
ST. PETERSBURG, FLORIDA 33704  
TELEPHONE: 894-4428

8 Nov 04

Please Dissolve The W. A. Hunter, M.D. PA  
Doing Business AT 2200 16<sup>th</sup> ST N  
ST PETERSBURG, FL 33704

Return Address → W. A. Hunter, M.D.  
2502 Sunset Way  
St Pete Beach, FL 33706

Phone  
# 727-3600012

Please send ① certified copy of dissolution  
(~~875~~)

② Certificate of Status  
(~~875~~)

Filing fee = 35.00  
875  
875  

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52.50<sup>00</sup> - enclosed check

Thank you  
W. A. Hunter

## ARTICLES OF DISSOLUTION

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: William A. Hunter, M.D., P.A.

FEI # 57-126 0810

SECOND: The date dissolution was authorized: ~~XXXXXX~~ 31 Nov. 2004  
X XXXX

THIRD: 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 vote 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 18 day of Nov. 2004, 2004.

Signature

 - PRESIDENT.

(By the Chairman or Vice Chairman of the Board, President, or other officer)

XXXXXXXXXXXXXXXXXXXX William A. Hunter ~~President~~  
X XXXXXXXXXXXXXXXXXXXX (typed or printed name)

PRESIDENT

(Title)