

601570

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Donald Guber M.D., P.A.

DOCUMENT NUMBER: 601570

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

Please return all correspondence concerning this matter to the following:

Donald Guber, M.D.

(Name of Person)

Donald Guber, M.D.

(Name of Firm/Company)

145 Oakleigh Lane

(Address)

Maitland, FL 32751

(City/State/and Zip Code)

For further information concerning this matter, please call:

Donald Guber, M.D.

(Name of Person)

at (407) 647-1326

(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

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

FIRST: The name of the corporation as currently filed with the Department of State:

Donald Guber M.D., P.A.

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

601570

THIRD: The date dissolution was authorized:

October 27th, 2003

Effective date of dissolution if applicable: date of filing (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

- [X] 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

N/A (voting group)

Signed this 27th day of October, 2003

Signature: [Handwritten 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)

Donald Guber M.D. (Typed or printed name of person signing)

President, Director (Title of person signing)

Filing Fee: \$35

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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: Donald Guber M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Details describing the nature of and basis for any such claim including but not limited to: the date or dates of incident(s), what happened, definition of duties owed and how such duties were breached, enclose copies of any contracts, and what if any damage was sustained, names of all parties and witnesses

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Donald Guber
145 Oakleigh Lane
Maitland, FL 32751

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Donald Guber
Printed Name of the Person Filing

Donald Guber
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

CORPORATE RESOLUTION
OF DONALD GUBER M.D., P.A.
APPROVING DISSOLUTION OF CORPORATION

SINCE in the opinion of the board of directors, it is deemed to be advisable and in the best interests of this corporation and its shareholders that this corporation be dissolved;

BE IT RESOLVED that the President is hereby authorized, directed and empowered to execute for and on behalf of this corporation and in its name any and all documents and/or payments required in connection with the dissolution of the corporation; and

BE IT RESOLVED, that the corporation DONALD GUBER M.D., P.A. be dissolved in accordance with the procedures set forth in the Florida Statutes including Florida Statutes Section 607.1403 et seq.; and

FURTHER RESOLVED, that the officers of the corporation are directed to cease carrying on any business of the corporation, except that which is appropriate to wind up and liquidate its business and affairs.

CERTIFICATE

The undersigned hereby certifies that he is the President of DONALD GUBER M.D., P.A., a corporation organized and existing under the laws of the State of Florida and that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of said corporation held on the 27th day of October 2003, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal and in compliance with the By-Laws of this corporation; and that said resolution is in full force and effect.

IN TESTIMONY WHEREOF, I have set my hand and seal of this corporation this 27th day of October 2003.



President, Secretary