

603556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800065654958

02/13/06--01072--015 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 13 AM 10:35

PS 2/21/06
Disc/notice



**WEBSTER, CHAIRES
& PARTNERS, P.L.**

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

GREGORY A. CHAIRES, ESQ.
BOARD CERTIFIED IN HEALTH LAW

DIRECT NUMBER: (407) 691-0504
E-mail: gchaires@wplawyers.com

February 10, 2006

PERSONAL AND CONFIDENTIAL

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Dissolution for Florida Diagnostic Imaging Associates, P.A.
Document Number 603556

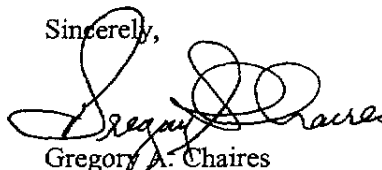
Dear Sir or Madam:

The enclosed Articles of Dissolution and fee are submitted for filing. A check in the amount of \$43.75 is enclosed for the filing fee and certified copy fee. Please return all correspondence concerning this matter to the following:

Mr. Gregory A. Chaires, Esq.
Webster, Chaires & Partners, P.L.
P.O. Box 2310
Winter Park, FL 32790-2310

For further information concerning this matter please call me at (407) 691-0500. If I am unavailable, you may also speak with Ms. Jennifer Hammond, Esq.

Sincerely,



Gregory A. Chaires

Enclosures

cc: Alan Frost, M.D.
Kenneth Gersten, M.D.
Paul Goldberg, M.D.
Larry Hurst, M.D.

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: Florida Diagnostic Imaging Associates, P.A.

SECOND: The document number of the corporation (if known): 603556

THIRD: The date dissolution was authorized: August 25, 2005.

Effective date of dissolution if applicable: February 14, 2006.

(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)

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)

Alan Frost

(Typed or printed name of person signing)

President F.D.I.A.

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 13 AM 10:36

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: Florida Diagnostic Imaging Associates, 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:

Creditor's name, creditor's mailing address, amount of the claim, the nature of the claim, and a description of any services or products provided to Florida Diagnostic Imaging Associates, P.A. for which the claim is made.

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

P.O. Box 950365

Lake Mary, FL 32795

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.

Alan Frost, M.D.

Printed Name of the Person Filing

 M.D.

Signature of the Person Filing

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