

1003872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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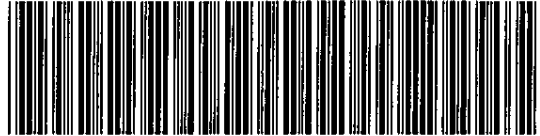
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Art Diss  
@ 1/14/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**CORP.NAME:** William M. Letson ,M.D.,P.A.

**DOCUMENT  
NUMBER:** 603872

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

Please return all Correspondence concerning this matter to the following:

William M. Letson ,M.D.  
(Name of Contact Person)

William M. Letson ,M.D.,P.A.  
(Firm/Company)

1988 S.Tamiami Trail  
(Address)

Venice,FL 34293  
(City/State and Zip Code)

*For further information concerning this matter, please call:*

William M. Letson  
(Name of Contact Person)

941-493-4700  
(Area Code & DaytimeTelephone Number)

Enclosed is a check for \$35 for the filing fee.

**MAILING  
ADDRESS:** Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

## 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:

William M. Letson ,M.D.,P.A.

SECOND: The document number of the corporation:

603872

THIRD: The date dissolution was authorized:

12/27/2008

FOURTH: Adoption of Dissolution (CHECK ONE):

X

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

N/A

Dissolution was approved by 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

William M. Letson ,M.D.,P.A.

(voting group)

Signature:



William M. Letson ,M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 JAN -6 AM 9:00

**Filing Fee: \$35**