## 604324

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Howard M. Harris, M.D., P.A.
(Name of Corporation)
DOCUMENT NUMBER: 604324
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howard M. Harris, M.D.
(Name of Person)
Paul Harris Financial
(Name of Firm/Company)
4560 Via Royale, Suite 4B
(Address)
Fort Myers, FL 33919-1076 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul A. Harris at (239) 939-5131
Paul A. Harris at (239) 939-5131 (Name of Person) (Area Code & Daytime Phone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Street Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## ARTICLES OF DISSOLUTION

FILED 03 JUL -3 AM.

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:
FIRST: The name of the corporation is: Howard M. Harris, M.D., P.A.
SECOND: The date dissolution was authorized: June 30, 2003
THIRD: Adoption of Dissolution (CHECK ONE)
Dissolution was approved by the shareholders. The number of voted 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
N/A (voting group)
Signature Signed this 30TH day of JUNE , 2003  (By the Chairman or Vice Chairman of the Board, President, or other officer.)
Howard M. Harris, M.D. (Typed or printed name)
President (Title)