

604581

(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



200170964782

03/08/10--01051--013 **35.00

FILED
10 MAR 24 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Diss
w/notice
Ra 3/24/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Ross, Thro, Ruane, M.D.'s, P.A.

DOCUMENT NUMBER: 604581

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

Please return all correspondence concerning this matter to the following:

Robert R. Ross, M.D.

(Name of Contact Person)

(Firm/Company)

842 Sunset Lake Blvd, Suite 403

(Address)

Venice, FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert R. Ross, M.D.

(Name of Contact Person)

at (941)

684-3216

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

ROBERT R. ROSS, M.D.
842 SUNSET LAKE BLVD - SUITE 403
VENICE, FL 34292

SUBJECT: ROSS, THRO, RUANE, M.D.'S, P.A.
Ref. Number: 604581

We have received your document for ROSS, THRO, RUANE, M.D.'S, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00005896

RECEIVED

2010 MAR 24 AM 8:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Ross, Thro, Ruane, M.D.'s, P.A.

SECOND: The document number of the corporation (if known): 604581

THIRD: The date dissolution was authorized: February 9, 2010

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

FOURTH: Adoption of Dissolution (CHECK ONE)

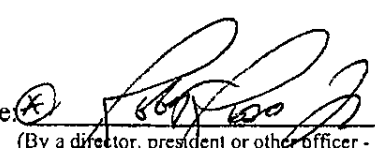
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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)

Robert R. Ross, M.D. 

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
MAR 24 2010
TALLAHASSEE, FL 32304
10 MAR 24 PM 3:58

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: Ross, Thro, Ruane, M.D.'s, 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:

Name of claimant _____

Reason for the claim, Amount of the claim _____

Date of claim _____

Address of claimant _____

Telephone number of claimant _____

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

842 Sunset Lake Blvd.

Suite 403

Venice, FL 34292

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.

ⓧ

Robert R. Ross, M.D.

Printed Name of the Person Filing

Signature of the Person Filing

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