## 631402

## DAVID A. JOHN, M.D. 3101 UNIVERSITY BLVD. S., SUITE 205 JACKSONVILLE, FL 32216 904/723-3377



August 1, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

000003345670-8 -08/03/00--01082--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Articles of Dissolution

Dear Sir or Madam:

Enclosed, please find Articles of Dissolution for my Professional Association, David A. John, M.D., P.A., along with a check for \$35 representing the filing fee.

I trust this is all that is needed to dissolve this P.A. Should any additional information be required, please contact me at the address or phone number listed above.

Sincerely,

David A. John, M.D.

Encl.

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## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: DAVID A. JOHN, M.D., P.A.	ò
SECOND:	The filing date of the articles of incorporation was: 8/1/79	CANON
THIRD:	(CHECK ONE)	-
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.  A majority of the directors authorized the dissolution.	
Sig Signati	gned this 157 day of AUGUST , 2000 .  (By the chairman or vice chairman of the board, president, or other officer - if there are no officers or	- <del>'</del>
	(by the chairman of vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
	DAVID A. JOHN (Typed or printed name)	<b></b>
	PRESIDENT (Title)	