

665046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

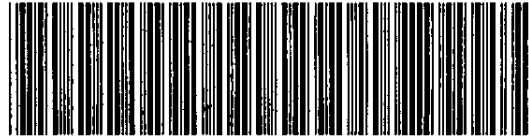
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 APR -5 PM 4:04
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w/notice

APR 06 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bruce L. Bigman, MD, PA

DOCUMENT NUMBER: 665046

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

Please return all correspondence concerning this matter to the following:

CAROLYN BIGMAN

(Name of Contact Person)

BRUCE L. BIGMAN, MD, PA

(Firm/Company)

2140 MORCERS FERNERY ROAD

(Address)

DELAND, FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN BIGMAN

(Name of Contact Person)

at (386) 738-2424

(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 23, 2016

CAROLYN BIGMAN
BRUCE L. BIGMAN, MD, PA
2140 MERCERS FERNERY ROAD
DELAND, FL 32720

SUBJECT: BRUCE L. BIGMAN, M.D., P.A.
Ref. Number: 665046

We have received your document for BRUCE L. BIGMAN, M.D., 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 date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 716A00005969

RECEIVED
16 APR -6 AM 11:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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:

Bruce L. Bigman, MD, PA

SECOND: The document number of the corporation (if known): 665046

THIRD: The date dissolution was authorized: March 31, 2016

Effective date of dissolution if applicable: MARCH 31, 2016

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Bruce L. Bigman, PRESIDENT OF MD, PA

(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)

Bruce L. Bigman, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2016 APR -6 PM 4:04

FILED

Filing Fee: \$35

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: Bruce L. Bigman, MD, PA

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:

DATE OF SERVICE

PLACE OF SERVICE

TOTAL COST

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

Carolyn Bigman

2140 Mercers Ferry Road

DeLand, FL 32720

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.

Carolyn H. Bigman

Printed Name of the Person Filing

Carolyn H. Bigman

Signature of the Person Filing

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