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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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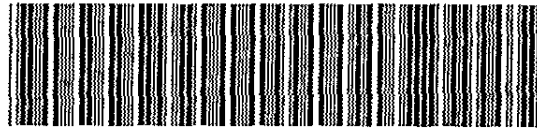
(Business Entity Name)

(Document Number)

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FILED  
03 APR 17 AM 10:21  
ALABAMA STATE  
ALABAMA, FLORIDA

Ps 4/23/03  
Duss/Enochue -



April 4, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 33323

Dear Sirs:

Enclosed please find the Articles of Dissolution for Michael S. Gilinsky, M.D., Inc.

Pursuant to 607.1401, Florida Statutes, Michael S. Gilinsky, M.D., Inc. has not issued corporate shares and as the Director I wish to file the attached Articles of Dissolution. No debt remains unpaid and Michael S. Gilinsky, M.D. Inc. is no longer in business.

If I can be of assistance or if there are any questions, please do not hesitate to contact me at (305) 674-2143.

Sincerely,

  
Alex Mendez

Enclosures

FORM #18 (10/01)

FILED

ARTICLES OF DISSOLUTION

03 APR 17 AM 10:22

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: MICHAEL S. GILINSKY, M.D., Inc.

SECOND: The filing date of the articles of incorporation was: 8/3/1981

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.

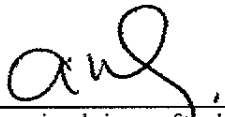
SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 14 day of March, 2003

Signature

  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

ALEX MENDEZ

(Typed or printed name)

TREASURER, SECRETARY & DIRECTOR

(Title)