

A05787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

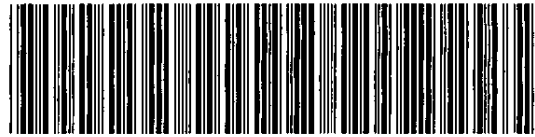
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 14 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Medical Plaza Limited
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Timothy C. Lincoln, Director
(Contact Person)

Lincoln Esq., P.A.
(Firm/Company)

46 N.E. 6th Street
(Address)

Miami, Florida 33132
(City, State and Zip Code)

For further information concerning this matter, please call:

Elda Miranda at (305) 755-9295
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

American Medical Plaza Limited

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on June 20, 1977, assigned Florida document number A05787, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

American Medical Plaza Limited has ceased operations.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: August 12, 2008

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Timothy C Lincoln, AS
DIRECTOR OF BELL WAIVERS, INC.
THE GENERAL PARTNER OF
AMERICAN MEDICAL PLAZA, LIMITED

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

American Medical Plaza Limited

Description of information that must be included in a claim:

The product or service that you claim you provided to American Medical Plaza Limited ("AMPL").

The amount you claim is owed. The current name and address of the person, entity, or company that allegedly provided the product or service. The date that the product or service was allegedly obtained by "AMPL." A copy of the contract through which the product or service was obtained by "AMPL."

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

American Medical Plaza Limited

c/o Timothy C. Lincoln, Esq.

46 N.E. 6th Street

Miami, Florida 33132

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Timothy C. Lincoln, as Director

Printed Name

Timothy C. Lincoln, as Director
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.