

F 39 367
Florida Department of State
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DISSOLUTION OR WITHDRAWAL

JOSE C. MONTES, M.D., P.A.

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2/16/08
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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:

JOSE C. MONTES, M.D., P.A.

SECOND: The document number of the corporation (if known): F39367

THIRD: The date dissolution was authorized: February 10, 2006

Effective date of dissolution if applicable: February 20, 2006

(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 of 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: _____

JOE C. MONTAG, M.D.

(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)

Jose C. Montes, M.D., President

(Typed or printed name of person signing)

President _____

(Title of person signing)

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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: JOSE C. MONTES, M.D., 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

Amount owed to claimant

Explanation of basis of claim/debt

Invoice (or copy of invoice if previously submitted)

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

c/o Jose C. Montes, M.D.

5962 Berryhill Road

Milton, FL 32570

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.

Jose C. Montes, M.D., President

Printed Name of the Person Filing

Jose C. Montes, M.D.

Signature of the Person Filing

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

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