F67295

(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

12/19/03--01066--020 **43.75

Effective Date
12-31-03
Vol dis/w notice
T. Lewis 12/30/03

Robert Borushok, M.D., P.A.
Diplomate, American Board of Internal Medicine

MAILING ADDRESS
2100 E. Hallandale Beach Blvd.
Suite 307
Hallandale, FL 33009-3770
Telephone (954) 454-7400

Fax (954) 457-7519

601 North Flamingo Road, Suite 104
Pembroke Pines, FL 33028-1015
Telephone (954) 435-5888

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Secretary of State:

This is to inform you that the board of directors of Robert Borushok, M.D.P.A. , Document # F67295 at the meeting of December 1, 2003 has decided to file Articles of Dissolution effective 12-31-2003 and will no longer remain in business as of that date.

Sincerely,

Robert Borushok M.D.

Robert Borushok, MD-President

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: F 67295

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

Please return all correspondence concerning this matter to the following:

ROBERT BORUSHOK, M.D.
(Name of Person)

ROBERT BORUSHOK M.D. P.A.
(Name of Firm/Company)

3471 NORTH 31ST AVENUE
(Address)

HOLLYWOOD, FLORIDA 33021
(City/State/and Zip Code)

For further information concerning this matter, please call:

ROBERT BORUSHOK M.D. at (954) 963-4473
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

ROBERT BORUSHOK M.D. P.A.

SECOND: The document number of the corporation (if known): F67295

THIRD: The date dissolution was authorized: DECEMBER 1, 2003

Effective date of dissolution if applicable: DECEMBER 31, 2003
(no more than 90 days after dissolution file date)

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TALLAHASSEE, FLORIDA

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)

Signed this 1ST day of December, 2003.

Signature: Robert Borushok M.D. - President
(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)

ROBERT BORUSHOK M.D.
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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: ROBERT BORUSHOK, 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:

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

3471 NORTH 31ST AVENUE
HOLLYWOOD, FLORIDA 33021

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.

ROBERT BORUSHOK M.D.
Printed Name of the Person Filing

Robert Borushok M.D.
Signature of the Person Filing

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