

F75695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

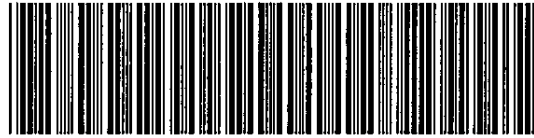
(Document Number)

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2006 DEC 29 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
12/29/06

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: Sheikh Muhammad Ilyas, M.D., P.A.**

**DOCUMENT NUMBER: F75695**

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

**Please return all correspondence concerning this matter to the following:**

**H. Samuel Prim, III**

**(Name of Contact Person)**

**Prim, Freeman, & Mendheim, LLC**

**(Firm/Company)**

**Post Office Box 2147**

**(Address)**

**Dothan, Alabama 36302**

**(City/State and Zip Code)**

**For further information concerning this matter, please call:**

**Samuel Prim**

**(Name of Contact Person)**

**at ( 334 ) 671-9555**

**(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**

## 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:

Sheikh Muhammad Ilyas, M.D., P.A.

SECOND: The document number of the corporation (if known): F75695

THIRD: The date dissolution was authorized: 12/31/06

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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: \_\_\_\_\_

(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)

Sheikh Muhammad Ilyas, M.D.  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F75695

1. Corporation Name

Sheikh Muhammad Ilyas, M.D., P.A.

2. Principal Office Address

756 Harrison Avenue

3. Mailing Office Address

Post Office Box 2147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Dothan, AL

Zip

32401

Country

USA

Zip

36302

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/9/1982

5. FEI Number

592170398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 5175 (Individuals) ☐ 5176 (Corporations)  
for U.S. Courts of Appeals

7. Name and Address of Current Registered Agent

Name

Sheikh M. Ilyas

Street Address (P.O. Box Number is Not Acceptable)

756 Harrison Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sheikh M. Ilyas	756 Harrison Avenue	Panama City, FL 32401

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Sheikh Muhammad Ilyas, M.D./Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.20.06

Date

334 671 3652

Daytime Phone #