

12/31/2013 10:53 FAX 4074231831

Division of Corporations

DEAN-MEAD ORLANDO

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Florida Department of State  
Division of Corporations  
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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1931

DISSOLUTION OR WITHDRAWAL  
FLORIDA HEMATOLOGY AND ONCOLOGY SPECIALISTS, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA HEMATOLOGY AND ONCOLOGY SPECIALISTS, P.A.

**DOCUMENT NUMBER:** F86892

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

Please return all correspondence concerning this matter to the following:

Stephen R. Looney, Esq.

(Name of Contact Person)

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

(Firm/Company)

800 N Magnolia Avenue, Suite 1500

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen R. Looney

(Name of Contact Person)

at (407) 428-5128

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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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:  
Florida Hematology and Oncology Specialists, P.A.

SECOND: The document number of the corporation (if known): F86892

THIRD: The date dissolution was authorized: December 31, 2013

Effective date of dissolution if applicable: December 31, 2013

(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)

Roy M. Ambinder, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: Florida Hematology and Oncology Specialists, P.A. (the "Corporation").

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:

Detailed description of claim, date services or products relating to claim were provided to Corporation, and the  
amount of the claim against the Corporation, together with supporting documentation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Florida Hematology and Oncology Specialists, P.A.  
c/o Watkins, Pagano & Associates, P.A.  
1353 N. State Road 434  
Altamonte Springs, FL 32714

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.

Roy M. Ambinder, M.D., President  
Printed Name of the Person Filing

  
Signature of the Person Filing

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

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