

G46049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

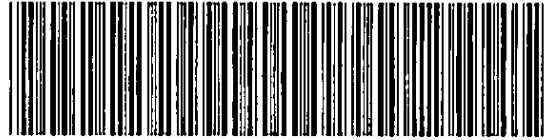
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338656984

01/03/20--01011--030 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN -3 PM 4: 34

*Dissolution*

JAN 28 2020

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: South FL ORTHOPEDIC ASSOCIATES  
CORPORATION Dissolution

DOCUMENT NUMBER: G 46049

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

Please return all correspondence concerning this matter to the following:

HARLAN S. CHIRSW, MD  
(Name of Contact Person)

South Florida ORTHOPEDIC ASSOCIATES  
(Firm/Company)

9900 SW PY AVE  
(Address)

MIAMI, FL 33156  
(City/State and Zip Code)

20 JAN -3 PM 4: 3L  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
LEU

For further information concerning this matter, please call:

HARLAN S CHIRSW, MD at ( 305-801-6327 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$47.75 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

