

G61375

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November 29, 2006

**VIA FEDERAL EXPRESS**

Florida Department of State  
Amendment Section - Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

In re: Charme M.D., P.A.  
Document No. G61375

Dear Sir or Madam:

On behalf of our above-referenced client, enclosed for filing are the original and two copies of Articles of Dissolution. Also enclosed is our check in the amount of \$43.75 representing the filing fee and fee to issue a certified copy. Please file and return to us in the self-addressed stamped envelope provided for your convenience in responding.

If you have any comments or questions, please feel free to contact me at the number above. Thank you for your assistance in this matter.

Very truly yours,



Mary Beth Hewitt  
Paralegal

MBH/20307

Enclosures

c: Larry S. Charme, M.D.  
Ralph E. Heyman, Esq.  
Lisa S. Pierce, Esq.

## 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:

Charme M.D., P.A.

SECOND: The document number of the corporation (if known): G61375

THIRD: The date dissolution was authorized: October 4, 2006

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)

Larry S. Charme, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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