

GG3488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

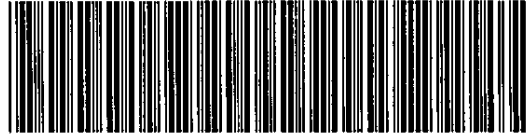
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/16--01038--028 **25.00

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FILED
16 MAY 10 AM 9:02
CLERK OF COURT
TALLAHASSEE, FLORIDA

MAY 11 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

SHAMEEM F. SIDDIQ, M.D.
TOTAL PEDIATRIC CARE
100 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

SUBJECT: SHAMEE M. SIDDIQI, M.D., P.A.
Ref. Number: G63488

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PARTNERSHIP, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 716A00008745

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: G63488

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

Please return all correspondence concerning this matter to the following:

SHAMEEM F. SIDDIQI, M.D., F.A.A.P.

(Name of Contact Person)

TOTAL PEDIATRIC CARE

(Firm/Company)

100, EAST COMMERCIAL BLVD

(Address)

FT LAUDERDALE FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

Shameem F Siddiqi, M.D. at (954) 351-0202

(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 ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)

already sent-

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

RECEIVED
16 MAY 10 PM 3:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

SHAMEEM M. SIDDIQI, H.D., PA.

SECOND: The document number of the corporation (if known): 963488

THIRD: The date dissolution was authorized: 4/12/16

Effective date of dissolution if applicable: same as above
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

one - only one shareholder (me)
(voting group)

Signature:

Shameem F. Siddiqi

(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)

SHAMEEM F. SIDDIQI H.D.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA