

H07073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

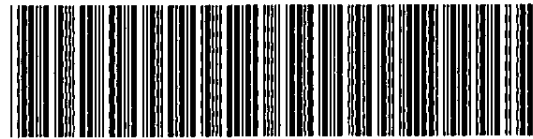
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249037929

EFFECTIVE DATE
June 30, 2013

06/20/13--01026--001 **43.75

FILED
SECRETARY OF STATE
13 JUN 20 AM 9:42

Ant Diss w/4h notice
cc
@ 6.21.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Heart Institute of Port St. Lucie, Inc.

DOCUMENT NUMBER: H07073

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

Please return all correspondence concerning this matter to the following:

Morris Engelberg, Esquire

(Name of Contact Person)

M. Engelberg & L. Milgrim, P. A.

(Firm/Company)

4040 Sheridan Street

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Morris Engelberg, Esq. at (954) 966-3900

(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)

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

EFFECTIVE DATE
June 30, 2013

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:
The Heart Institute of Port St. Lucie, Inc.

SECOND: The document number of the corporation (if known): H07073

THIRD: The date dissolution was authorized: May 1, 2013

Effective date of dissolution if applicable: June 30, 2013
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

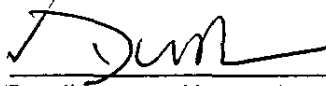
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

David E. Wertheimer, M.D.

(Typed or printed name of person signing)

Chief Executive Officer and President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
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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: The Heart Institute of Port St. Lucie, Inc.

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:

Name, mailing address, street address, and telephone number of claimant.

Nature of claim.

Amount of claim.

Evidence of the indebtedness and/or claim.

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

Morris Engelberg, Esquire

M. Engelberg & L. Milgrim, P. A.

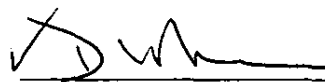
4040 Sheridan Street

Hollywood, FL 33021

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.

David E. Wertheimer, M.D.

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