(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	·
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

10005/27 MMD 5/27



100036283191

N5/25/N4--01018--001 \*\*35.00

## C. SIMONE BRYAN... paralegal to Kathryn Knee, Tsq.

113 Marsh Cove Drive Ponte Vedra Beach, FL 32082 Business Phone: 904-273-9603 FAX: 904-273-9847 Cell Phone 904-699-6708 Email simone99@comcast.net

May 21, 2004

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Michael D. Turner, M.D., P.A.

To Whom It May Concern:

Enclosed is the following for filing on behalf of the Michael D. Turner, M.D., P.A.:

- Articles of Dissolution
- Check #3662 payable to the Florida Department of State in the amount of \$35

I have enclosed a self-addressed, stamped envelope for your convenience in returning the acknowledgement of your receipt of the Articles of Dissolution to me. If you have any questions or need additional information, please contact me at one of the numbers listed above.

Very truly yours,

C. Simone Bryan

Paralegal to Kathryn Knee, Esquire

Kathryn Knee, PA

## 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 is:

Michael D. Turner, M.D., P.A.

SECOND: The date the dissolution was authorized:

April 28, 2004.

THIRD: Adoption of Dissolution

X Dissolution was approved by the shareholder. The number of votes cast for dissolution was sufficient for approval.

Signed this 28th day of April, 2004

MICHAEL D. TURNER, M.D., P.A.

Bv:

Sylvia Turner, President 1523 Bayshore Road Nokomis, Florida 34275 O4 MAY 24 PM 3: 42
SELVETARY OF STATE
TAIL AHASSEF, FIORIDA