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Bill Welch MD

General and Vascular Surgery Board Certified Fellow American College of Surgeons

P.O. Box 200 2/54 St. Petersburg, Florida 33731 **821-0900** (phone) 727-898-0224 (FAX) 727-896-4541

Facsimile Cover Letter

Date: 6-4-03

To: Division of Corporations

From: B:11 Welch, MD.

Number of pages:

Subject: Articles of Dissolution

I have retired.

I am closing The corporation.

See attached form.

Filing Fre enclosed.

Certified copy not requested.

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: BILL WELCH, M.D., P.A.	
SECOND:	The date dissolution was authorized:	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	ssolution was approved by the shareholders. The number of votes cast for dissolution s sufficient for approval.	_
☐ Di:	ssolution was approved by vote of the shareholders through voting groups.	03 1
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	1-9-10
The	e number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
Si	igned this $\sqrt{4^{\frac{1}{2}}}$ day of $\sqrt{\text{TOPE}}$ 2003	
Signature y	(William Clubb West uno	
	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	BILL WELCH, M.D.	_
	(Typed or printed name)	
	PRESIDENT	

(Title)