

J 13912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

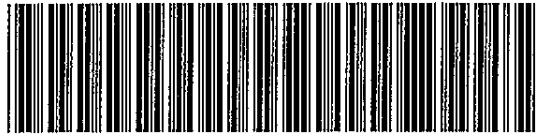
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400012977594

02/28/03--01007--026 **43.75

FILED
03 FEB 27 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/5

2654 Kittbuck Way
West Palm Beach, FL 33411
561-682-1788
February 25, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

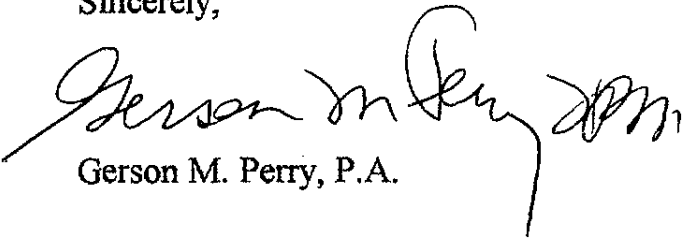
Re: Articles of Dissolution - Dr. Gerson M. Perry, P.A.

Dear Sir:

Enclosed is the Articles of Dissolution form and a check in the amount of \$43.75 for the filing fee and certified copy of the dissolution.

My address and telephone number are listed above.

Sincerely,

 =
=

Gerson M. Perry, P.A.

Enclosure

03 FEB 27 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Dr. Gerson M. Perry, P.A.

SECOND: The filing date of the articles of incorporation was: May 13, 1986

THIRD: (CHECK ONE)

[X] None of the corporation's shares have been issued.

[] The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

[] A majority of the incorporators authorized the dissolution.

[X] A majority of the directors authorized the dissolution.

Signed this 20 day of February, 2002

Signature Gerson M. Perry, P.A. (By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Gerson M. Perry (Typed or printed name)

President (Title)

FILED 03 FEB 27 PM 3:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA