

Division of Corporations

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**K00311**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

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## From:

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04 SEP 28 AM 10:26

DIVISION OF CORPORATIONS

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04 SEP 28 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DISSOLUTION****NEW PORT RICHEY SURGI-CENTER, INC.**

Certificate of Status	0
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Corporate Filing

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*Diss. w/ notice*  
*afm*  
*9/28/04*

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**ARTICLES OF DISSOLUTION  
OF  
NEW PORT RICHEY SURGI-CENTER, INC.**

Pursuant to the provisions of Section 607.1403 of the Florida Statutes, NEW PORT RICHEY SURGI-CENTER, INC., a Florida corporation (the "Corporation"), adopts the following Articles of Dissolution for the purpose of dissolving the Corporation:

1. The name of the Corporation is: NEW PORT RICHEY SURGI-CENTER, INC.
2. The document number of the Corporation is: K00311.
3. The dissolution was authorized on August 31, 2004 by the written consent of the shareholders of the Corporation as permitted pursuant to Section 607.1402 of the Florida Statutes.
4. The number of votes cast by the shareholders in favor of dissolution was sufficient for approval, and voting by voting groups was not required.

DATE: 9/7/04  
~~August 31~~, 2004.

NEW PORT RICHEY SURGI-CENTER, INC.

By: Dennis Gil  
Dennis Gil, President

04 SEP 28 PM 12:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: NEW PORT RICHEY SURGI-CENTER, 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 and address of claimant, description of the services/product provided, including date and amount.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

New Port Richey Surgi-Center, Inc.

P.O. Box 46762

Tampa, FL 33647

\_\_\_\_\_

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.

Dennis C. Gil, President

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

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