Requester's Name

PODIATRY

7000 W. 12th Avenue • Suite 1 • Hialeah, Florida 33014-5154 E-mail: podoffice@aol.com Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) -07/03/00--01089--004 (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy ☐ Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication Merger ☐ Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report ☐ Limited Partnership ☐ Fictitious Name Voldis Reinstatement Trademark Other V. SHEPARD **Examiner's Initials**



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 20, 2000

FRANCISCO J. OLIVA, D.P.M., P.A. FOOT & ANKLE SURGICAL GROUP 7000 W. 12TH AVE., STE. 1 HIALEAH, FL 33014-5154

SUBJECT: FRANCISCO J. OLIVA, D.P.M., P.A.

Ref. Number: K53895

JUL 26 2000 BY:

We have received your document for FRANCISCO J. OLIVA, D.P.M., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes. Enclosed is the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 700A00039749

RECEIVED

00 AUG - 1 AM 9: 36

DIVISION OF CORPORATIONS

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: TRAVEISCO J. OLIVA DPM, PA
SECOND: The date dissolution was authorized: 6/16/2000
THIRD: 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 vote of 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
$\mathcal{N}A$
(voting group)
Signed thisday of
Signature(By/the Chairman or Vice Chairman of the Board, President, or other officer)
FRANCISCO J. OLIVA, DPM (Typed or printed name)
(Title)